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# **1998 Health Care Survey of DoD Beneficiaries:**

## **Summary Report on Catchment Areas For Region 1**

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## Acronyms

ACH	Army Community Hospital
AFB	Air Force Base
AHC	Army Health Clinic
AMC	Army Medical Center
BRMCL	Branch Medical Clinic
CAHPS	Consumer Assessment of Health Plans Study
CONUS	Continental United States, Alaska, and Hawaii
CTF	Civilian Treatment Facility
DEERS	Defense Enrollment Eligibility Reporting System
DOD	Department of Defense
ER	Emergency Room
HCSDB	Health Care Survey of DoD Beneficiaries
HEAR	Health Enrollment/Evaluation Assessment Review
MHS	Military Health System
MTF	Military Treatment Facility
NACC	Naval Ambulatory Care Center
NH	Naval Hospital
NMC	Naval Medical Center
NMCL	Naval Medical Clinic
NNMC	National Naval Medical Center
OCONUS	Outside Continental United States (except Alaska and Hawaii)
PCM	Primary Care Manager
PIP	Performance Improvement Plan
TRICARE	Tri-Service Health Care
TMA	TRICARE Management Activity

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## Executive Summary

The Health Care Survey of DoD Beneficiaries (HCSDB) is a large-scale survey of military health system (MHS) beneficiaries conducted annually by the Office of the Assistant Secretary of Defense/TRICARE Management Activity (TMA). It was congressionally mandated under the National Defense Authorization Act for fiscal year 1993 (P.L. 102-484) to ensure that the satisfaction of MHS beneficiaries with their health plan and health care would be regularly monitored. The survey was first fielded in 1995.

This report presents the 1998 survey findings for the Region 1 catchment areas. The purpose of the 1998 HCSDB was to address a wide range of issues concerning MHS beneficiaries' satisfaction with their health care. The following are the key research questions behind the survey design:

- How *satisfied* are DoD beneficiaries with their health care and their health plan?
- How does overall satisfaction with military treatment facilities (MTFs) compare with satisfaction with civilian treatment facilities (CTFs)?
- Does *access* to military and civilian facilities meet TRICARE standards?
- Do beneficiaries understand TRICARE?
- Is beneficiaries' use of preventive health care services in line with national goals, such as those outlined in *Healthy People 2000*?
- What is the general physical and mental health status of MHS beneficiaries?
- Has beneficiaries' use of MHS services changed over time?
- What aspects of MHS care contribute most to beneficiary satisfaction with their health care experiences? With which aspects are beneficiaries least satisfied?
- What are the demographic characteristics of MHS beneficiaries?

The sample for the HCSDB was drawn from the Defense Enrollment Eligibility Reporting System (DEERS) database, covering all persons eligible for a MHS benefit on July 29, 1998. In November 1998, 11,613 surveys were mailed to beneficiaries age 65 or over. The first mailing was timed to coincide with the beginning of enrollment in the Medicare Subvention Demonstration. In January 1999, 193,072 surveys were mailed to beneficiaries under age 65. In March 1999, a second wave of surveys was sent to all beneficiaries who had not returned the questionnaire. In total, 70,690 surveys were completed and returned by the due date of June 11, 1999, for an overall response rate of 35 percent.

The total Region 1 sample included 21,771 adults. Overall, 8,815 Region 1 MHS beneficiaries returned completed questionnaires by the due date, for a response rate of 41.3 percent.

## **Summary of Noteworthy Findings**

### **Satisfaction with TRICARE**

#### **Personal Doctors, Nurses, and Primary Care Managers (PCMs)**

- When asked to rate their personal doctors on a scale from 0 to 10, active duty TRICARE Prime enrollees in Region 1 gave their PCMs variable marks. Ratings ranged from 5.7 at Fort Drum to 8.6 at NACC Groton, compared to a regional average of 7.6. Non-active duty ratings were higher and less variable, ranging from 7.2 at NNMC Bethesda to 8.9 at Walter Reed AMC. Military PCMs at NACC Groton PCMs were rated 8.6 by both active duty and non-active duty enrollees.

#### **Military and Civilian Facilities**

- Active duty enrollees' ratings of MTF care ranged from 5.7 at Fort Drum to 7.4 at Fort Monmouth, compared to the Region 1 average of 6.7. Non-active duty ratings of MTFs ranged from 5.2 at Fort Drum to 8.4 at Walter Reed AMC, compared to an average of 7.2.
- In Region 1 overall, and in most catchment areas, beneficiaries were more satisfied with CTFs than with MTFs. The proportion of beneficiaries satisfied with MTFs ranged from 49 percent at Fort Drum to 84 percent at Andrews AFB. CTF satisfaction ranged from 59 percent at Fort Monmouth to 96 percent at Andrews AFB.

#### **TRICARE Prime Enrollment Intentions**

- In Region 1 overall, 12 percent of non-active duty Prime enrollees with military PCMs planned to disenroll, compared to a CONUS MHS rate of 7 percent. Planned disenrollment rates were lowest at Walter Reed AMC (5 percent) and Fort Meade (6 percent).

#### **Satisfaction with Health Plan**

- Ratings of the TRICARE Prime health plan were generally low, substantially lower than MTF or PCM ratings. Ratings were lowest at Fort Drum (4.5) and highest for beneficiaries residing out of catchment area (6.5), compared to the Region 1 average of 5.7 and CONUS MHS average of 6.1.

#### **Knowledge and Understanding of TRICARE**

- Understanding of TRICARE varied widely among Region 1 catchment areas. The proportion of beneficiaries reporting "no understanding" of TRICARE ranged from 4 percent at NH Patuxent River to 37 percent at West Point, compared to the regional average of 26 percent. At 6 sites, fewer than 10 percent of beneficiaries reported no understanding.

## **Access to Health Care**

### **Waiting Times**

- Access to well care is generally high for TRICARE Prime enrollees. No catchment area falls significantly below the Region 1 average (89 percent) in the proportion of active duty enrollees receiving MTF well-patient appointments within 4 weeks. Only Fort Drum (56 percent) is significantly below the average for non-active duty enrollees (87 percent).
- Twenty-one percent of active duty TRICARE Prime enrollees in Region 1 reported “usually or always” waiting 30 minutes or more past the appointed time at a MTF. Rates for active duty enrollees in Region 1 catchment areas ranged from 8 percent at Fort Monmouth to 36 percent at Fort Drum.

### **Access to Health Care**

- TRICARE Prime enrollees in Region 1 frequently reported having a “big problem” getting referrals to specialists. Twenty-seven percent of active duty enrollees reported problems, as did 19 percent of non-active duty enrollees. Active duty problem rates ranged from 20 percent at NACC Newport to 54 percent at Fort Drum. Nearly half of active duty enrollees at NACC Groton (48 percent) and Dover AFB (47 percent) also reported problems.
- Twelve percent of active duty and 11 percent of non-active duty TRICARE Prime enrollees reported a “big problem” getting needed care. Active duty enrollees at Dover AFB (28 percent) and Fort Drum (24 percent) reported the most problems.

## **Health Status and Health Care Use**

### **Physical and Mental Health**

- Region 1 beneficiaries are in better than average physical and mental health compared with the general U.S. population. Fewer than half of Region 1 beneficiaries scored below the 50th percentile of the U.S. population in physical health (45 percent) or mental health (36 percent). The low physical health score rate ranged from 35 percent at Andrews AFB to 64 percent at NH Patuxent River. The low mental health score rate ranged from 26 percent at NH Patuxent River to 54 percent at Fort Monmouth.

### **Emergency Room Use**

- Sixteen percent of active duty enrollees in Region 1 reported at least one visit to a MTF emergency room, 8 percent to a CTF emergency room. More than one in four active duty and non-active duty Prime enrollees at Fort Drum (25 percent and 61 percent, respectively) and West Point (29 percent and 33 percent, respectively) reported MTF emergency room visits.

### **Use of Military Pharmacies**

- Retirees, survivors and dependents age 65 or over were the beneficiary group most likely to have filled 7 or more civilian prescriptions at military pharmacies in Region 1 (21 percent) and CONUS MHS (27 percent). Rates for this beneficiary group in Region 1 catchment areas ranged from 14 percent at West Point to 32 percent at McGuire AFB/Fort Dix.
- In Region 1 overall, the proportion of retirees, survivors and dependents under age 65 filling 7 or more civilian prescriptions at military pharmacies (6 percent), was substantially below the CONUS MHS rate (11 percent). In 6 catchment areas, the rate for this beneficiary group was 2 percent or under.

### **Use of Preventive Services**

- Most catchment areas met or exceeded Healthy People 2000 goals for prenatal care, breast and cervical cancer screening, hypertension screening, and flu immunization.
- The proportion of women reporting first trimester prenatal care ranged from 69 percent at NNMC Bethesda to 99 percent at McGuire AFB/Fort Dix and Fort Belvoir.
- Breast cancer screening rates ranged from 82 percent at West Point to 99 percent at Andrews AFB and 97 percent at Walter Reed AMC. Screening rates exceeded the Healthy People 2000 goal of 60 percent in all catchment areas for which rates could be estimated reliably.
- In all MTF catchment areas where Pap smear rates could be reliably estimated, rates for active duty enrollees and non-active duty enrollees with military PCMs met or exceeded the Healthy People 2000 goal of 85 percent. One hundred percent of active duty women at Hanscom AFB and NACC Newport and 99 percent at NNMC Bethesda reported receiving Pap smears.
- The proportion of active duty enrollees tested in the past two years and who knew whether their blood pressure was high ranged from 86 percent at NACC Groton to 98 percent at NACC Newport. Among non-active duty enrollees with military PCMs, rates ranged from 87 percent at NNMC Bethesda to 98 percent at NACC Newport and McGuire AFB/ Fort Dix.
- Beneficiaries in all catchment areas for which rates could be estimated reliably exceeded the Healthy People 2000 flu immunization goal of 60 percent. Flu shot rates ranged from 70 percent at Dover AFB to 85 percent at NACC Groton.
- Among men age 50 or over, 49 percent of active duty TRICARE Prime enrollees were screened for prostate disease in the past year, as were 50 percent of non-active duty enrollees. Screening rates for non-active duty enrollees at West Point (75 percent) and Andrews AFB (74 percent) were highest compared to other non-active duty enrollees in the region.

## **Performance Improvement Plan**

The Performance Improvement Plan (PIP) analysis highlights the features of MHS health care that, if improved, can lead to greater beneficiary satisfaction. This year's HCSDB revealed that the following aspects of care were critical to overall beneficiary satisfaction in Region 1 but nevertheless received relatively low satisfaction ratings:

- Access to health care
- Access to specialists
- Ability to diagnose health care problems

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## Chapter

# 1

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## Introduction

### Overview of the Health Care Survey of DoD Beneficiaries (HCSDB)

The HCSDB is a large-scale survey of military health system (MHS) beneficiaries conducted annually by the Office of the Assistant Secretary of Defense/TRICARE Management Activity (TMA). It was congressionally mandated under the National Defense Authorization Act for fiscal year 1993 (P.L. 102-484) to ensure that the satisfaction of MHS beneficiaries with their health plan and health care would be regularly monitored. The survey was first fielded in 1995.

### Research Objective

The purpose of the 1998 HCSDB was to address a wide range of issues concerning MHS beneficiaries' satisfaction with their health care. This report presents findings from the survey. The exhibits address the following key research questions.

- How *satisfied* are MHS beneficiaries with their health care and their health plan?
- How does overall satisfaction with military treatment facilities (MTFs) compare with satisfaction with civilian treatment facilities (CTFs)?
- Does *access* to military and civilian facilities meet TRICARE standards?
- Do beneficiaries understand TRICARE?
- Is beneficiaries' use of preventive health care services in line with national goals, such as those outlined in *Healthy People 2000*?
- What is the general physical and mental health status of MHS beneficiaries?
- What aspects of MHS care contribute most to beneficiary satisfaction with their health care experiences? With which aspects are beneficiaries least satisfied?

## The HCSDB in Context with Other MHS Surveys

DoD conducts a number of consumer surveys related to the health and health care of MHS beneficiaries. However, only the HCSDB represents *all* MHS beneficiaries in the continental U.S., Alaska, and Hawaii (CONUS), and in Europe, Latin America, and Asia (OCONUS). It is also the only survey that reflects health care experiences at *both* MTFs and CTFs over a full 12-month period. Furthermore, no other DoD health-related survey collects information on the opinions and experiences of the overall MHS population, including active duty personnel and their families, retirees and their dependents, TRICARE Prime enrollees, Medicare beneficiaries, and MHS beneficiaries who chiefly rely on civilian providers and facilities despite having TRICARE benefits.

Other relevant DoD surveys include:

- **Health Enrollment/Evaluation Assessment Review (HEAR).** HEAR is a clinically oriented questionnaire completed by beneficiaries as they enroll in TRICARE Prime. The collection of health assessment data identifies individuals who have high risk factors for diseases, chronic conditions, and assesses the need for preventive or other medical services.
- **MTF Customer Satisfaction Survey.** This survey is mailed monthly to patients who were seen in the previous month at a MTF or freestanding clinic in the United States and Europe. The survey measures satisfaction with services received during a specific outpatient visit. Monthly reporting allows MTFs to be directly compared over time, with each other, and with civilian benchmarks.
- **Survey of Health-Related Behaviors among Military Personnel.** Conducted approximately every three years, this survey collects worldwide data only from active duty personnel on drug and alcohol use, fitness and cardiovascular disease risks, mental health, risk of injury, and other health-related behaviors.

## Available Reports Based on the 1998 HCSDB

This report presents the HCSDB results for individual catchment areas in Region 1. This catchment area report is one of four types of reports published from the 1998 HCSDB. The following four types of reports are based on the 1998 HCSDB. The reports can be obtained via the TRICARE website at <http://www.TRICARE.OSD.mil>.

- **Key Findings for Regions:** The 15 regional reports summarize selected 1998 HCSDB findings. There is a report for each region in CONUS and one for each overseas region. Regions 7 and 8 have a combined report. The regional reports are identical in design. Each contains 24 bar graphs, or exhibits, that show the survey findings for a given region. Findings are reported for active and non-active duty MHS beneficiaries who were enrolled in TRICARE Prime and MHS beneficiaries not participating in a TRICARE Prime health plan. Findings are also reported by age group (under age 65 or age 65 and over), type of primary care manager (PCM), and type of facility (military vs. civilian). Some exhibits also show comparisons of regional findings to overall CONUS MHS findings and to other regional findings. Lead Agents are encouraged to share this report with their staff members, MTF commanders, and other relevant officers with management responsibilities.

- **National Executive Summary Report:** This year's National Executive Summary Report of the HCSDB findings is the first of its kind. It mirrors the regional reports in design but covers the survey findings for all MHS beneficiaries residing within CONUS.
- **Summary Reports on Catchment Areas:** There are 15 catchment area reports. There is one for each region. The catchment reports are intended to give MTF commanders information specific to their particular catchment area. Similar to the regional reports, the catchment reports focus principally on active and non-active duty MHS beneficiaries enrolled in TRICARE Prime and MHS beneficiaries not participating in a TRICARE Prime health plan. Catchment findings are also presented by age group (under age 65 or age 65 and over), type of PCM, and type of facility (military vs. civilian).
- **Medicare Subvention Demonstration Report:** The Medicare Subvention Demonstration has been sponsored by TRICARE and the Health Care Financing Administration to test a new system for financing health care for military retirees and their dependents age 65 and over. Elderly beneficiaries in seven demonstration areas are eligible to participate in a TRICARE Senior Prime plan. This year's Medicare Subvention Demonstration Report presents baseline findings for MTFs participating in the demonstration. Exhibits in the report display beneficiaries' demographic characteristics, health status, health care utilization, health plan enrollment, knowledge of TRICARE, and satisfaction with military and civilian health care. Findings are presented for beneficiaries age 65 or over and under age 65 in each demonstration area and for beneficiaries age 65 or over in MHS areas that are not participating in the demonstration.

## Methodology

### Sample Selection, Fielding of the Survey, and Response Rates

The sample for the HCSDB was drawn from the Defense Enrollment Eligibility Reporting System (DEERS) database, which covered all persons eligible for a MHS benefit on July 29, 1998, including personnel activated for more than 30 days in the Army, Air Force, Navy, Marine Corps, Coast Guard, Commissioned Corps of the Public Health Service, National Oceanic and Atmospheric Administration, and National Guard or Reserve as well as other special categories of people who qualify for health benefits. DEERS covers active duty personnel and their families as well as retirees and their families.

In November 1998, 11,613 surveys were mailed to beneficiaries age 65 or over. In January 1999, 193,072 surveys were mailed to beneficiaries under age 65. The first mailing was timed to coincide with the beginning of enrollment in the Medicare Subvention Demonstration. In March 1999, a second wave of surveys was sent to all beneficiaries who had not returned the questionnaire. In total, 70,690 surveys were completed and returned by the due date of June 11, 1999, for an overall response rate of 35 percent.

The total Region 1 sample included 21,771 adults. Overall, 8,815 MHS beneficiaries returned completed questionnaires by the due date, for a response rate of 41.3 percent.

## Questionnaire Topics

The HCSDB questionnaire was revised in 1998. A copy of the questionnaire, located in the back pocket of this binder, is also available at the TRICARE web site, <http://www.TRICARE.OSD.mil>. In 1998, some questions from earlier surveys were dropped, other questions were revised, and, for the first time, the survey included or adapted questions from the federally developed Consumer Assessment of Health Plans Study (CAHPS). CAHPS contains core and supplemental survey questions that are widely used by commercial health plans, the Health Care Financing Administration, state Medicaid programs, and other organizations to assess consumer satisfaction with their health coverage. CAHPS questions will ultimately allow us to compare the satisfaction of MHS beneficiaries with other insured populations.

The 1998 HCSDB covered a wide range of topics in the following nine sections:

- **Use of Health Care.** Focuses on the use of MTFs and CTFs in the past 12 months, including number of nights in an inpatient facility, outpatient visits, emergency room visits, and use of military pharmacies to fill prescriptions written by civilian providers.
- **Preventive Health Care.** Concerns beneficiaries' receipt of preventive services including prenatal care; flu shots; and screening for breast cancer, cervical cancer, hypertension, and prostate disease.
- **Understanding TRICARE.** Explores beneficiaries' understanding of TRICARE overall and of specific features of TRICARE Prime, Senior Prime, and Extra/Standard.
- **Health Plan.** Concerns enrollment in TRICARE Prime, Senior Prime, and Extra/Standard, coverage by supplemental insurance, attitudes toward Prime and Senior Prime, and out-of-pocket-costs.
- **Satisfaction with Health Plan.** Explores beneficiaries' experiences with the health plan they use the most; covers experiences with their personal doctor or nurse (including a PCM), specialty care, customer service, claims processing, and resolution of complaints or problems.
- **Access to Health Care.** Focuses on waiting times for well-patient, minor illness, and specialty care; access to emergency care, experiences calling for appointments and with long waits in office or clinic waiting rooms.
- **Satisfaction with Health Care.** Explores a wide range of indicators of beneficiaries' satisfaction with the health care they received in the past 12 months at the facility they used most often. Topics include getting help or advice via the telephone, getting care when needed, attitudes of doctor's office and clinic staff, and quality of care.
- **Your Health.** Uses the SF-12, a well-regarded multipurpose series of 12 questions that provides a generic measure of health status.
- **Facts about You.** Covers basic demographic information for beneficiaries, including income, marital status, age, education, and race/ethnicity.

## Statistical Issues

### Accuracy of the Survey Estimates

The results of any survey are not strictly precise. The statistics presented in this report are *estimates* of the true answers to the research questions, both because the survey is based on a sample, rather than on a census, of the entire DEERS population, and because some of the surveyed beneficiaries chose not to respond. In accordance with standard statistical practice, the survey estimates have been weighted to ensure that the survey findings represent all MHS beneficiaries. The survey design also allows us to evaluate the precision of the estimates.

The sample size of some small groups of MHS beneficiaries, such as pregnant women in a particular catchment area, may make it impossible to develop a reliable estimate of the group's survey response. In this report, any cell meeting one of the following conditions is defined as a small cell: (1) the overall population count for the cell is under 200, (2) the number of completed questionnaires in the cell is less than 20, or (3) the cell contains an estimated proportion greater than 10 percent, but the standard error is more than 30 percent of the estimate. For these cases, estimates are not provided, but are replaced by two asterisks (\*\*).

### Case-Mix Adjustment

Some regional estimates in the regional and national HCSDB reports were adjusted to control for differences in the age and health status of the regions' beneficiary populations. This adjustment allows for "fairer" comparisons between regions. For instance, health status and age are often associated with patient reports about the quality of their health care. Compared with survey respondents in good health, survey respondents in poor health typically say they are less satisfied with the health care they receive. Older persons often report greater satisfaction with their health care than younger persons do. Thus, without adjustments for age and health status, regional differences in the survey estimates may actually reflect significant differences in the makeup of the population, such as a high proportion of retirees, rather than real variation in satisfaction with health care. There are no case mix adjustments in the catchment area report.

## Guide to Understanding the Survey Findings

### Outcome and Explanatory Variables

The research questions that underlie the HCSDB, outlined on page 1 of this report, are key to understanding the survey findings presented in this report. These questions imply two types of basic, analytic variables: dependent, or *outcome*, variables and independent, or *explanatory* variables. Outcome variables are beneficiaries' responses to the various survey questions on satisfaction, health care access, knowledge of TRICARE, use of health care, preventive services, etc. Explanatory variables, such as enrollment in Prime or type of facility, may help to explain some of the variation in responses given by different groups of beneficiaries.

For example, Exhibit 2.1 shows how different groups of MHS beneficiaries in Region 1 catchment areas rate their personal doctors. The exhibit addresses the question, "How do beneficiaries' ratings of their personal doctors and primary care managers (PCMs) (the outcome variables) differ by beneficiary category and type of PCM (the explanatory variables)?" In other words, is enrollment in TRICARE Prime or type of PCM related in some way to beneficiaries' level of satisfaction?

It is important to recognize that while some survey findings may *suggest* important differences in outcomes for different groups of MHS beneficiaries, one cannot conclude that these differences would persist after controlling for possible confounding variables not accounted for in the analysis, such as age, health status, sex, race and ethnicity, and others. More sophisticated statistical

techniques, such as multivariate analysis, can yield more definitive conclusions about the possible impact of any one “explanatory” variable on a particular outcome.

### **Exhibits**

Most of the exhibits in this report, except for the performance improvement plans in chapter 7, are presented as tables. Some are presented as bar graphs. In the bar graphs, the outcome variables are represented by the vertical, or Y, axis. The explanatory variables are represented by the horizontal, or X, axis. For instance, in 2.3, the height of a bar represents the percentage of beneficiaries who agree or strongly agree with the statement, “I am satisfied with the health care that I received at military (or civilian) facilities.” The X-axis displays the different catchment areas in the region.

Differences in estimates are not described unless the findings are significantly different ( $p < 0.05$ ).

### **Performance Standards**

In Chapter 6, Use of Preventive Services, the findings for MHS beneficiaries are compared with the federal government’s *Healthy People 2000* goals for improving the nation’s health (see *Healthy People 2000 Review 1997*, DHHS Publication No. PHS 98-1256). Since national goals for prostate disease screening have not been established, Exhibit 6.6 refers to the relevant American Cancer Society recommendation.

## Chapter

2

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## Satisfaction with TRICARE

This chapter focuses on two critical indicators of MHS beneficiary satisfaction with TRICARE health care: satisfaction with one's personal doctor or nurse, including PCMs, and satisfaction with health care facilities (military or civilian). Information on these indicators is derived from the answers to two sets of HCSDb survey questions:

- The first set of questions is new to the HCSDb. The questions in this set ask respondents to rate their personal doctor, nurse, PCM, or the facility they used the most "from 0 to 10 where 0 is the worst and 10 is the best". Results are reported in Exhibits 2.1 and 2.2.
- The second set of questions has been used in HCSDb surveys for several years. Questions in this set ask respondents how much they agree or disagree with the statement, "I am satisfied with the health care that I received at military (or civilian) facilities." Results are reported in Exhibit 2.3.

### Key Findings

#### Personal Doctors, Nurses, and PCMs

- When asked to rate their personal doctors on a scale from 0 to 10, active duty TRICARE Prime enrollees in Region 1 gave their PCMs variable marks. Ratings ranged from 5.7 at Fort Drum to 8.6 at NACC Groton, compared to a regional average of 7.6. Non-active duty ratings were higher and less variable, ranging from 7.2 at NNMC Bethesda to 8.9 at Walter Reed AMC. Military PCMs at NACC Groton were rated 8.6 by both active duty and non-active duty enrollees.

#### Military and Civilian Facilities

- Active duty enrollees' ratings of MTF care ranged from 5.7 at Fort Drum to 7.4 at Fort Monmouth, compared to the Region 1 average of 6.7. Non-active duty ratings of MTFs ranged from 5.2 at Fort Drum to 8.4 at Walter Reed AMC, compared to an average of 7.2.
- In Region 1 overall, and in most catchment areas, beneficiaries were more satisfied with CTFs than MTFs. The proportion of beneficiaries satisfied with MTFs ranged from 49 percent at Fort Drum to 84 percent at Andrews AFB. CTF satisfaction ranged from 59 percent at Fort Monmouth to 96 percent at Andrews AFB.

## 2.1 Average Ratings of Personal Doctor or Nurse, by Enrollment Status

**Q.52: How do you rate your personal doctor or nurse now? (Using a scale from 0 to 10 where 0 is the worst and 10 is the best).**

Catchment Area (DMIS Code)	Population	Average Rating				
		Enrolled in Prime under age 65			Not enrolled in Prime	
		Active Duty Military PCM	Non-Active Duty Military PCM	Non-Active Duty Civilian PCM	Under age 65	Age 65 or over
NACC Groton (0035)	15,408	8.6	8.6	**	8.3	8.9
Dover AFB (0036)	11,078	**	7.7	**	8.4	8.9
Walter Reed AMC (0037)	30,840	7.3	8.9	7.8	**	**
Andrews AFB (0066)	31,229	7.5	8.5	8.1	8.3	**
NNMC Bethesda (0067)	39,180	7.4	7.2	7.9	8.0	**
NH Patuxent River (0068)	5,602	8.3	7.8	**	**	**
Ft. Meade (0069)	6,433	8.1	7.8	**	**	**
Ft. Monmouth (0081)	368	**	**	**	**	**
West Point (0086)	13,270	7.9	8.6	**	8.2	8.7
NACC Newport (0100)	14,460	8.1	7.9	8.3	8.9	9.1
Ft. Belvoir (0123)	45,327	7.6	8.1	**	8.3	**
NMCL Annapolis (0306)	1,733	**	8.6	**	**	**
Hanscom AFB (0310)	815	8.1	**	**	**	**
NACC Portsmouth New Hamp. (0321)	742	8.1	**	**	**	**
McGuire AFB/Ft. Dix (0326)	42,154	7.2	8.7	7.5	8.1	8.2
Ft. Drum (0330)	3,306	5.7	8.4	**	**	**
NMCL Quantico (0385)	3,929	7.4	8.1	**	**	**
Bolling AFB (0413)	1,124	7.6	8.1	**	**	**
Out of catchment area (9901)	205,399	7.8	**	7.9	8.2	9.2
Region 1	472,395	7.6	8.1	7.9	8.2	8.9
CONUS MHS	3,437,063	7.7	8.1	7.7	8.3	8.7

### Population:

Beneficiaries with a personal doctor or nurse (including a PCM)

### What the exhibit shows:

- How beneficiaries rate their personal doctor or nurse
- How TRICARE Prime enrollees rate their PCM
- If some groups of beneficiaries in Region 1 catchment areas are more satisfied with their PCM, personal doctor, or nurse than others
- How findings vary across catchment areas

### Double Asterisks (\*\*):

Indicates the value is suppressed because of insufficient sample size

### Findings:

When asked to rate their personal doctor or nurse on a scale from 0 to 10, the Region 1 averages ranged from 7.6, by active duty TRICARE Prime enrollees with military PCMs, to 8.9, by non-Prime beneficiaries age 65 and over.

Ratings varied widely by catchment area. For example, while active duty enrollees at Fort Drum rated military PCMs 5.7, at NACC Groton, the rating was 8.6. Military PCMs also received high ratings from non-active duty TRICARE Prime enrollees at NACC Groton (8.6), Walter Reed AMC (8.9), West Point (8.6), and McGuire AFB/Fort Dix (8.7).



## 2.2 Average Ratings of Military and Civilian Treatment Facilities, by Enrollment Status

**Q.96: How do you rate all your health care from the facility you used most in the last 12 months? (Using a scale from 0 to 10 where 0 is the worst and 10 is the best).**

Catchment Area (DMIS Code)	Population	Average Rating							
		Enrolled in Prime under age 65				Not enrolled in Prime			
		Active Duty		Non-Active Duty		Under age 65		Age 65 or over	
		MTF	CTF	MTF	CTF	MTF	CTF	MTF	CTF
NACC Groton (0035)	24,975	6.3	**	7.2	**	7.5	7.9	**	9.1
Dover AFB (0036)	17,209	6.5	**	6.8	7.7	7.3	8.5	8.9	8.6
Walter Reed AMC (0037)	47,223	7.0	**	8.4	7.8	**	**	**	**
Andrews AFB (0066)	46,948	7.2	**	7.6	7.7	**	**	**	**
NNMC Bethesda (0067)	64,429	6.6	6.8	7.3	7.7	7.7	7.7	**	**
NH Patuxent River (0068)	11,041	6.0	**	7.2	**	**	**	**	**
Ft. Meade (0069)	17,650	6.8	6.7	7.1	**	**	**	**	**
Ft. Monmouth (0081)	1,990	7.4	**	**	**	**	**	**	**
West Point (0086)	21,038	7.0	**	8.2	6.8	**	7.5	**	8.7
NACC Newport (0100)	21,320	6.6	**	7.5	7.9	**	8.5	**	8.9
Ft. Belvoir (0123)	81,797	6.3	6.0	6.9	6.8	7.2	8.0	**	**
NMCL Annapolis (0306)	6,473	6.8	**	8.1	**	**	**	**	**
Hanscom AFB (0310)	3,620	6.7	**	**	**	**	**	**	**
NACC Portsmouth New Hamp. (0321)	3,556	6.6	**	**	**	**	**	**	**
McGuire AFB/Ft. Dix (0326)	53,288	6.3	**	7.1	6.8	**	8.0	**	8.4
Ft. Drum (0330)	12,745	5.7	**	5.2	**	**	**	**	**
NMCL Quantico (0385)	10,609	6.8	**	7.4	**	**	**	**	**
Bolling AFB (0413)	5,757	7.1	**	7.2	**	**	**	**	**
Out of catchment area (9901)	248,416	7.2	5.9	**	8.0	6.9	8.1	**	9.1
Region 1	700,083	6.7	6.3	7.2	7.7	7.6	8.0	8.7	8.9
CONUS MHS	5,080,897	6.5	6.9	7.3	7.6	7.2	8.2	8.7	8.6

### Population:

Beneficiaries who received care at a MTF or CTF in the past 12 months

### What the exhibit shows:

- How beneficiaries rate MTFs and CTFs
- If beneficiaries are more or less satisfied with MTFs compared with CTFs
- If some groups of beneficiaries in Region 1 catchment areas are more satisfied with MTFs or CTFs compared with others in the region
- How findings vary across catchment areas

### Double Asterisks (\*\*):

Indicates the value is suppressed because of insufficient sample size

### Findings:

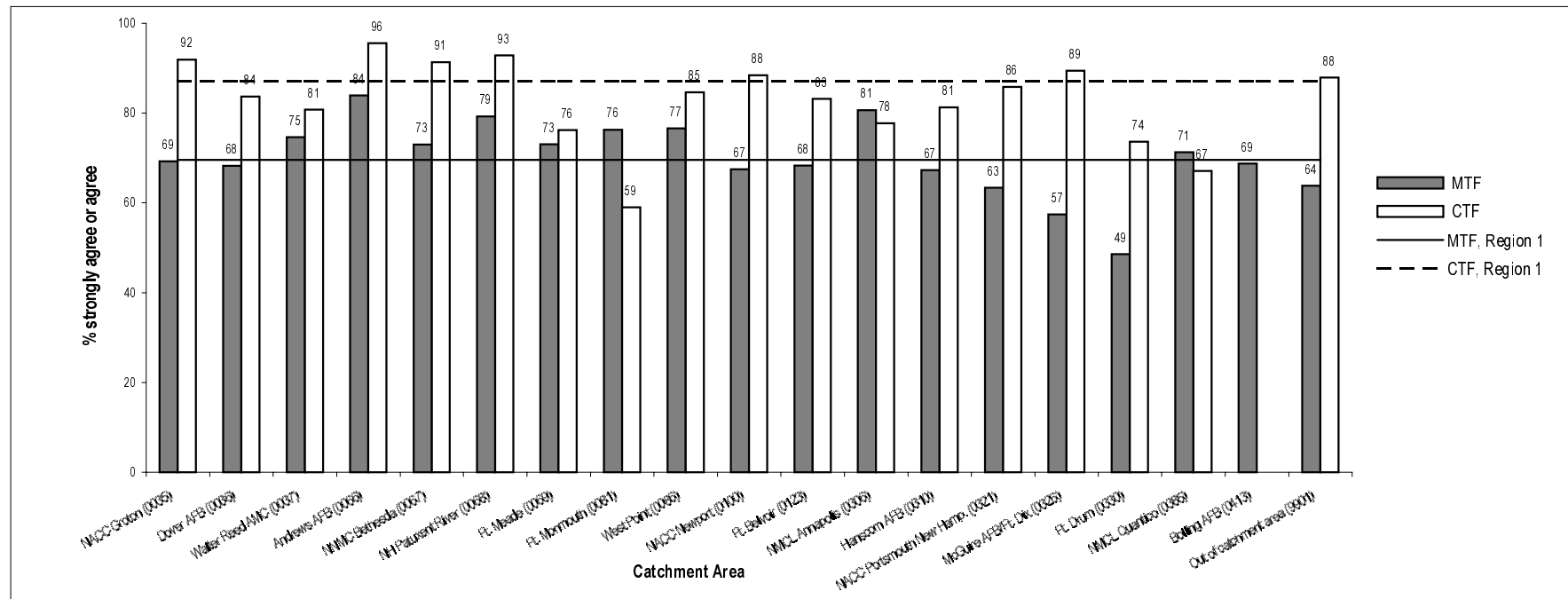
When asked to rate the facility they used the most on a scale from 0 to 10, overall Region 1 MTF ratings ranged from 6.7, by active duty TRICARE Prime enrollees, to 8.7, by non-Prime beneficiaries age 65 and over. Non-active duty enrollees rated MTFs 7.2. CTF ratings ranged from 6.3, by active duty enrollees, to 8.9, by non-Prime beneficiaries age 65 or over.

MTF ratings varied widely by catchment area. For example, while active duty enrollees at Fort Drum Clinic rated MTFs 5.7, at Fort Monmouth, the MTF rating was 7.4. MTF ratings by non-active duty enrollees ranged from 5.2 at Fort Drum to 8.4 at Walter Reed AMC.

## 2.3 Satisfaction with Military and Civilian Care

**Q.99a:** How much do you agree or disagree with the statement: "I am satisfied with the health care that I received at military facilities"?

**Q.103a:** How much do you agree or disagree with the statement: "I am satisfied with the health care that I received at civilian facilities"?



### Population:

Beneficiaries who received care at a MTF or CTF in the past 12 months

### Sample size:

10,141

### Vertical axis:

Percent who "agree or strongly agree" that they are satisfied with the health care they received at MTFs or CTFs

### Horizontal axis:

All catchment areas

### Double Asterisks (\*\*):

Indicates the value is suppressed because of insufficient sample size

### What the exhibit shows:

- How satisfaction with MTFs and CTFs varies across catchment areas
- Whether beneficiaries are more satisfied with MTFs or CTFs

### Findings:

The proportion of beneficiaries who were satisfied with care at MTFs ranged from 49 percent at Fort Drum, to 84 percent at Andrews AFB. Satisfaction with CTFs ranged from 59 percent at Fort Monmouth, to 96 percent at Andrews AFB.

Beneficiaries reported greater satisfaction with CTFs than with MTFs in all catchment areas but Fort Monmouth and NMCL Annapolis.

## Chapter

3

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## Knowledge of and Satisfaction with Health Plan

This chapter explores MHS beneficiary satisfaction with the health plan they “used the most” in the past 12 months, including TRICARE Prime.

- Exhibit 3.1 shows how non-active duty beneficiaries, currently enrolled in TRICARE Prime responded to the question: “How likely are you to disenroll from TRICARE Prime for a different type of insurance coverage in the next 12 months?” It also shows how non-active duty beneficiaries, *not* currently enrolled in TRICARE Prime responded to the question asking: “How likely are you to enroll in TRICARE Prime in the next 12 months?”
- Exhibit 3.2 shows how enrollees rated TRICARE Prime using a scale “from 0 to 10 where 0 is the worst and 10 is the best.”
- Exhibit 3.3 shows how well beneficiaries felt they understood TRICARE in 1997 and 1998.

### Key Findings

#### Enrollment Intentions

- In Region 1 overall, 12 percent of non-active duty Prime enrollees with military PCMs planned to disenroll, compared to a CONUS MHS rate of 7 percent. Planned disenrollment rates were lowest at Walter Reed AMC (5 percent) and Fort Meade (6 percent).

#### Satisfaction with Health Plan

- Ratings of the TRICARE Prime health plan were generally low, substantially lower than MTF or PCM ratings. Ratings were lowest at Fort Drum (4.5) and highest for beneficiaries residing out of catchment area (6.5), compared to the Region 1 average of 5.7 and CONUS MHS average of 6.1.

#### Knowledge and Understanding of TRICARE

- Understanding of TRICARE varied widely among Region 1 catchment areas. The proportion of beneficiaries reporting “no understanding” of TRICARE ranged from 4 percent at NH Patuxent River to 37 percent at West Point, compared to the regional average of 26 percent. At 6 sites, fewer than 10 percent of beneficiaries reported no understanding.

### 3.1 Intention to Enroll in or Disenroll from TRICARE Prime, Non-Active Duty Beneficiaries

**Q.37:** If you are currently enrolled in TRICARE Prime, how likely are you to disenroll from TRICARE Prime for a different type of insurance coverage in the next 12 months?

**Q.39:** If you are not currently enrolled in TRICARE Prime, how likely are you to enroll in TRICARE Prime in the next 12 months?

Catchment Area (DMIS Code)	Population	Enrolled in Prime under age 65		Not Enrolled in Prime under age 65
		(Percent Intending to Disenroll)		(Percent Intending to Enroll)
		Military PCM	Civilian PCM	
NACC Groton (0035)	10,591	**	**	9.3
Dover AFB (0036)	8,150	8.5	**	8.4
Walter Reed AMC (0037)	21,553	4.7	7.7	7.9
Andrews AFB (0066)	26,142	**	0.0	6.1
NNMC Bethesda (0067)	28,542	**	3.1	0.9
NH Patuxent River (0068)	5,985	7.5	**	**
Ft. Meade (0069)	6,551	5.7	**	**
Ft. Monmouth (0081)	567	**	**	**
West Point (0086)	6,225	7.7	**	7.9
NACC Newport (0100)	8,682	**	**	6.9
Ft. Belvoir (0123)	55,457	8.3	3.1	8.8
NMCL Annapolis (0306)	1,352	9.1	**	**
Hanscom AFB (0310)	1,175	**	**	**
NACC Portsmouth New Hamp. (0321)	424	**	**	**
McGuire AFB/Ft. Dix (0326)	22,842	**	**	**
Ft. Drum (0330)	4,072	**	**	**
NMCL Quantico (0385)	4,180	10.6	**	**
Bolling AFB (0413)	1,507	**	**	**
Out of catchment area (9901)	114,767	7.7	**	8.6
Region 1	328,763	12.0	**	8.6
CONUS MHS	2,539,984	7.2	9.4	9.0

#### Population:

Non-active duty beneficiaries under age 65

#### What the exhibit shows:

- Whether TRICARE Prime enrollees, with the option to *disenroll* from TRICARE Prime, plan to disenroll
- How likelihood to *disenroll* from TRICARE Prime varies by type of PCM
- Whether beneficiaries in any catchment areas are more likely to enroll in TRICARE Prime than their counterparts in other catchment areas
- How findings vary across catchment areas

#### Double Asterisks (\*\*):

Indicates the value is suppressed because of insufficient sample size

#### Findings:

Twelve percent of non-active duty enrollees with military PCMs in Region 1 said they plan to disenroll from TRICARE Prime in the next 12 months.

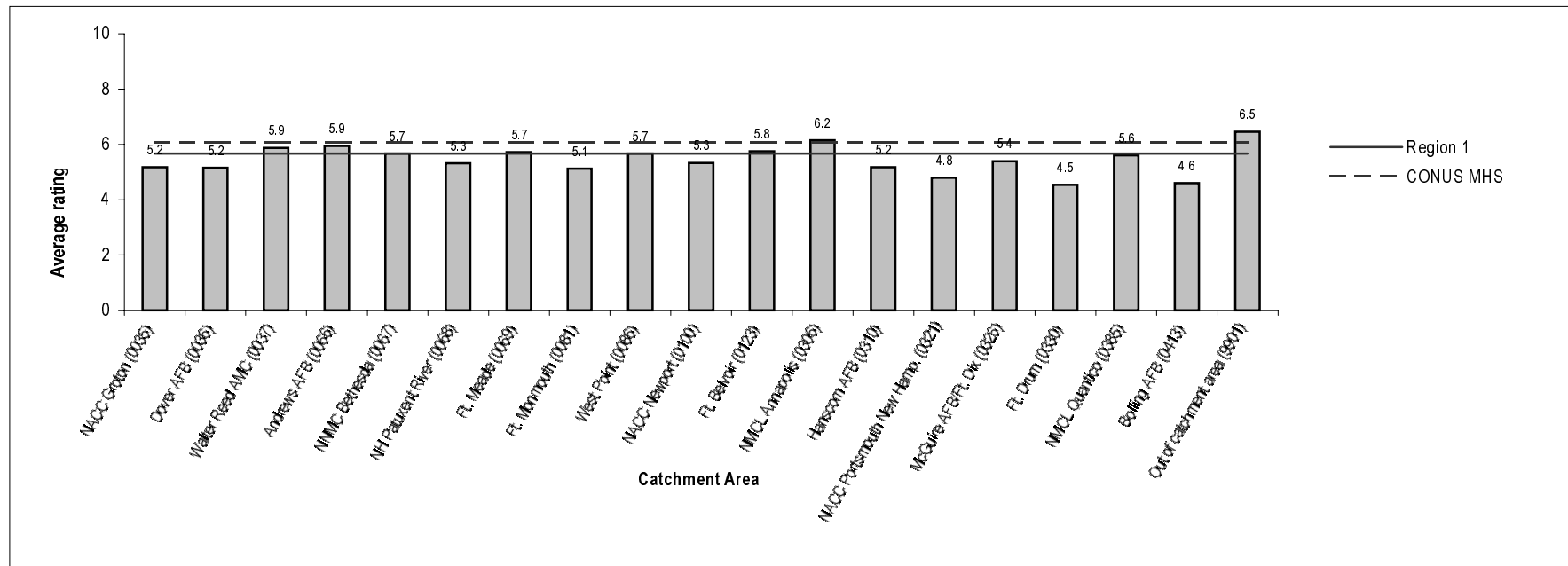
Seven percent with military PCMs in CONUS MHS planned to disenroll.

Plans to disenroll from Prime among enrollees with military PCMs were least frequent at Walter Reed AMC (5 percent) and Fort Meade (6 percent).

### 3.2 Enrollees' Ratings of TRICARE Prime

**Q.50:** Which health care plan did you use most in the last 12 months?

**Q.73:** We want to know your rating of all your experience with your health plan. How do you rate your health plan now? (Use a scale from 0 to 10 where 0 is the worst and 10 is the best.)



**Population:**  
TRICARE Prime enrollees

**Sample size:**  
5,591

**Vertical axis:**  
Average rating of TRICARE Prime from 0 to 10, where 0 is the worst and 10 is the best

**Horizontal axis:**  
All catchment areas

**Double Asterisks (\*\*):**  
Indicates the value is suppressed because of insufficient sample size

#### What the exhibit shows:

- How TRICARE Prime enrollees rate their experience with TRICARE Prime
- If satisfaction with TRICARE Prime is higher in some catchment areas than in others

#### Findings:

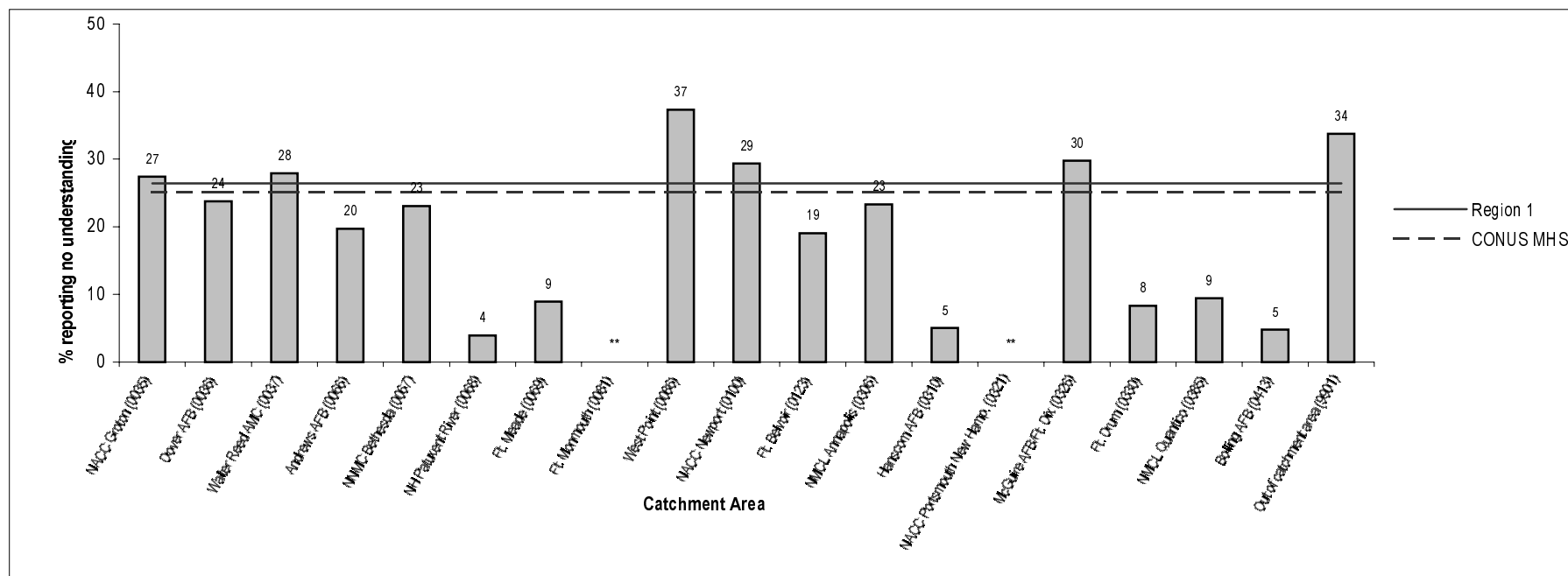
When asked to rate the health plan they use the most on a scale from 0 to 10, enrollees in Region 1 rated TRICARE Prime 5.7.

Ratings of TRICARE Prime ranged from 4.5 at Fort Drum Clinic to 6.2 at NMCL Annapolis.

Enrollees residing out of catchment area rated TRICARE Prime 6.5.

### 3.3 Beneficiaries Reporting No Understanding of TRICARE

**Q.32: How well do you feel you understand TRICARE overall?**



**Population:**

All beneficiaries

**Sample size:**

8,504

**Vertical axis:**

Percent who report "no understanding" of TRICARE Prime

**Horizontal axis:**

All catchment areas

**Double Asterisks (\*\*):**

Indicates that value is suppressed because of insufficient sample size

**What the exhibit shows:**

- The proportion of beneficiaries who report *not* understanding the TRICARE system
- How findings vary across catchment areas

**Findings:**

Overall, 26 percent of Region 1 beneficiaries said they had "no understanding" of TRICARE. The proportion of beneficiaries reporting "no understanding" of TRICARE ranged from 4 percent at NH Patuxent River to 37 percent at West Point.

Thirty-four percent of beneficiaries residing out of catchment area reported "no understanding".

In 6 catchment areas, fewer than 10 percent of beneficiaries reported "no understanding".

## Chapter

4

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## Access to Health Care

This chapter presents the findings on access to health care in the MHS. In the HCSDB, access was measured in terms of four basic indicators:

- **Waiting period for well-patient appointments**—TRICARE standards require that MHS beneficiaries be able to arrange for well-patient appointments in less than 4 weeks. Findings for active duty TRICARE Prime enrollees, non-active duty TRICARE Prime enrollees, and all other beneficiaries are presented by the type of facility they report using most often (MTF or CTF). (See Exhibit 4.1).
- **Waiting past one's scheduled appointment time in a doctor's office or clinic**—TRICARE standards also require that MHS beneficiaries *not* wait more than 30 minutes past the appointed time in a doctor's office or clinic for a scheduled routine care visit. Exhibit 4.2 shows the percentage of active duty TRICARE Prime enrollees, non-active duty TRICARE Prime enrollees, and other beneficiaries who report "usually or always" waiting more than 30 minutes. The results for MTFs and CTFs are shown separately.
- **Getting referrals to specialists**—This is the first year that the HCSDB asked respondents: "How much of a problem, if any, was it to get a referral to a specialist that you needed to see?" The percentage of respondents who replied that it was "a big problem", is shown in Exhibit 4.3 by type of health plan: TRICARE Prime (active duty and non-active duty), Standard/Extra, Medicare, or other insurance.
- **Getting care that the beneficiary or a doctor "believed necessary"**—The survey also asked: "How much of a problem, if any, was it to get the care you or a doctor believed necessary?" The percentage of respondents who replied that it was "a big problem", is shown by type of health plan in Exhibit 4.4.

## **Key Findings**

### **Waiting Times**

- Access to well care is generally high for TRICARE Prime enrollees. No catchment area falls significantly below the Region 1 average (89 percent) in the proportion of active duty enrollees receiving MTF well-patient appointments within 4 weeks. Only Fort Drum (56 percent) is significantly below the average for non-active duty enrollees (87 percent).
- Twenty-one percent of active duty TRICARE Prime enrollees in Region 1 reported “usually or always” waiting 30 minutes or more past the appointed time at a MTF. Rates for active duty enrollees in Region 1 catchment areas ranged from 8 percent at Fort Monmouth to 36 percent at Fort Drum.

### **Access to Health Care**

- TRICARE Prime enrollees in Region 1 frequently reported having a “big problem” getting referrals to specialists. Twenty-seven percent of active duty enrollees reported problems, as did 19 percent of non-active duty enrollees. Active duty problem rates ranged from 20 percent at NACC Newport to 54 percent at Fort Drum. Nearly half of active duty enrollees at NACC Groton (48 percent) and Dover AFB (47 percent) also reported problems.
- More than 1 in 10 active duty (12 percent) and non-active duty (11 percent) TRICARE Prime enrollees reported a “big problem” getting needed care. Active duty enrollees at Dover AFB (28 percent) and Fort Drum (24 percent) reported the most problems.



## 4.1 Waiting Period for Well-Patient Visits, by Enrollment Status and Type of Facility

*Q.77a: How many weeks did you usually have to wait between the time you made an appointment for care and the day you actually saw the provider...for a well-patient visit, such as a physical?*

Catchment Area (DMIS Code)	Population	Percent of Population							
		Enrolled in Prime under age 65				Not Enrolled in Prime			
		Active Duty		Non-Active Duty		Under age 65		Age 65 or over	
		MTF	CTF	MTF	CTF	MTF	CTF	MTF	CTF
NACC Groton (0035)	19,877	90.0	**	94.7	**	**	83.5	**	89.1
Dover AFB (0036)	13,949	87.5	**	84.3	**	**	87.8	91.8	91.8
Walter Reed AMC (0037)	41,927	87.4	**	95.8	71.2	**	**	**	**
Andrews AFB (0066)	35,589	91.8	**	84.5	84.9	**	**	**	**
NNMC Bethesda (0067)	56,256	89.2	87.9	78.3	74.5	80.6	94.4	**	**
NH Patuxent River (0068)	10,198	90.8	**	95.7	**	**	**	**	**
Ft. Meade (0069)	14,086	85.9	92.9	92.7	**	**	**	**	**
Ft. Monmouth (0081)	1,499	64.1	**	**	**	**	**	**	**
West Point (0086)	17,336	91.2	**	92.1	**	**	90.3	**	92.6
NACC Newport (0100)	17,369	94.1	**	98.9	61.1	**	83.5	**	83.1
Ft. Belvoir (0123)	64,817	82.4	85.8	86.6	79.4	88.0	86.9	**	**
NMCL Annapolis (0306)	5,072	94.6	**	94.2	**	**	**	**	**
Hanscom AFB (0310)	2,816	93.2	**	**	**	**	**	**	**
NACC Portsmouth New Hamp. (0321)	2,400	96.9	**	**	**	**	**	**	**
McGuire AFB/Ft. Dix (0326)	43,369	95.4	**	94.9	97.4	**	86.4	**	94.0
Ft. Drum (0330)	8,960	82.6	**	56.4	**	**	**	**	**
NMCL Quantico (0385)	8,630	92.7	**	97.1	**	**	**	**	**
Bolling AFB (0413)	4,917	90.7	**	91.5	**	**	**	**	**
Out of catchment area (9901)	203,582	91.0	78.3	**	84.0	69.5	82.9	**	86.8
Region 1	572,649	89.1	84.6	87.3	82.3	80.5	86.4	85.4	90.1
CONUS MHS	4,087,446	91.6	89.1	91.1	90.1	82.1	88.9	86.6	91.8

### Population:

Beneficiaries who received care at a MTF or CTF in the past 12 months

### What the exhibit shows:

- If TRICARE Prime enrollees are more likely than other beneficiaries to get well-patient visits within 4 weeks
- If waiting time for a well-patient visit varies by enrollment status or age
- If well-patient visits at MTFs are more likely to be available within 4 weeks compared with CTFs
- How findings vary across catchment areas

### Double Asterisks (\*\*):

Indicates that value is suppressed because of insufficient sample size

### Findings:

The proportion of Region 1 beneficiaries who reported getting well-patient visits to MTFs within the 4-week TRICARE standard did not vary significantly by beneficiary group, ranging from 81 percent of non-Prime beneficiaries, under age 65, to 89 percent of active duty Prime enrollees.

Active duty enrollees were most likely to get a well-patient appointment in less than 4 weeks at NACC Portsmouth New Hampshire (97 percent), McGuire AFB/Fort Dix (95 percent), NMCL Annapolis (95 percent), and NACC Newport (94 percent).

Non-active duty TRICARE Prime enrollees were most likely to be seen within 4 weeks at NACC Newport (99 percent), NMCL Quantico (97 percent), Walter Reed AMC (96 percent), and NH Patuxent River (96 percent).

Reported access to well-patient visits among non-active duty TRICARE Prime enrollees was poorest at Fort Drum (56 percent).

## 4.2 Waiting More Than 30 Minutes in Doctor's Office or Clinic, by Enrollment Status and Type of Facility

*Q.74: What type of facility did you go to most often for health care, or advice on health care?*

*Q.83: How often did you wait in the doctor's office or clinic more than 30 minutes past your appointment time for routine care?*

Catchment Area (DMIS Code)	Population	Percent of Population							
		Enrolled in Prime under age 65				Not Enrolled in Prime			
		Active Duty		Non-Active Duty		Under age 65		Age 65 or over	
		MTF	CTF	MTF	CTF	MTF	CTF	MTF	CTF
NACC Groton (0035)	24,367	20.0	**	**	**	**	16.0	**	3.9
Dover AFB (0036)	16,884	17.6	**	18.8	**	**	8.4	3.8	16.1
Walter Reed AMC (0037)	47,023	25.0	**	**	22.8	**	**	**	**
Andrews AFB (0066)	47,081	16.5	**	15.5	**	**	**	**	**
NNMC Bethesda (0067)	63,273	22.5	**	13.7	**	**	5.8	**	**
NH Patuxent River (0068)	11,100	15.6	**	6.9	**	**	**	**	**
Ft. Meade (0069)	17,339	23.4	**	17.7	**	**	**	**	**
Ft. Monmouth (0081)	1,990	7.7	**	**	**	**	**	**	**
West Point (0086)	20,733	14.0	**	**	**	**	**	**	**
NACC Newport (0100)	21,229	**	**	8.6	9.1	**	9.4	**	7.4
Ft. Belvoir (0123)	81,568	26.2	**	18.7	**	**	8.2	**	**
NMCL Annapolis (0306)	6,412	15.4	**	2.9	**	**	**	**	**
Hanscom AFB (0310)	3,479	15.0	**	**	**	**	**	**	**
NACC Portsmouth New Hamp. (0321)	3,778	28.4	**	**	**	**	**	**	**
McGuire AFB/Ft. Dix (0326)	54,468	15.5	**	**	14.1	**	25.1	**	9.8
Ft. Drum (0330)	12,484	35.9	**	**	**	**	**	**	**
NMCL Quantico (0385)	10,664	21.4	**	14.2	**	**	**	**	**
Bolling AFB (0413)	5,749	17.2	**	**	**	**	**	**	**
Out of catchment area (9901)	251,412	13.1	**	**	12.1	**	19.3	**	8.5
Region 1	701,034	20.7	30.8	16.2	14.1	18.3	16.3	9.6	7.6
CONUS MHS	5,057,820	24.0	29.2	18.3	24.1	24.9	18.4	10.2	14.3

### Population:

Beneficiaries who received care at a MTF or CTF in the past 12 months

### What the exhibit shows:

- If TRICARE Prime enrollees are more likely than other beneficiaries to wait more than 30 minutes for routine scheduled appointments
- If beneficiaries are more likely to wait more than 30 minutes for scheduled appointments at MTFs compared with CTFs
- How findings vary across catchment areas

### Double Asterisks (\*\*):

Indicates the value is suppressed because of insufficient sample size

### Findings:

The proportion of Region 1 beneficiaries who "usually or always" waited more than 30 minutes past a scheduled appointment at a MTF, ranged from 10 percent of non-Prime beneficiaries, age 65 or over, to 21 percent of active duty enrollees. Sixteen percent of non-active duty enrollees had long waits.

Long waits at MTFs by active duty enrollees ranged from 8 percent at Fort Monmouth to 36 percent at Fort Drum.

Only 3 percent of non-active duty enrollees reported long waits at NMCL Annapolis.

## 4.3 Problems Getting Referrals to Specialists, by Type of Health Plan

*Q.50: Which health care plan did you use most in the last 12 months?*

*Q.53: In the last 12 months, did you or a doctor think you needed to see a specialist?*

*Q.54: How much of a problem, if any, was it to get a referral to a specialist that you needed to see?*

Catchment Area (DMIS Code)	Population	Percent reporting a "big problem"				
		Active duty, Prime under age 65	Non-active duty, Prime under age 65	Standard/ Extra	Medicare, age 65 or over	Other insurance
NACC Groton (0035)	10,905	47.7	**	**	0.0	2.7
Dover AFB (0036)	9,082	47.0	27.6	**	3.2	6.0
Walter Reed AMC (0037)	27,195	22.5	**	**	**	**
Andrews AFB (0066)	23,751	**	**	**	**	**
NNMC Bethesda (0067)	37,882	25.4	14.5	**	**	**
NH Patuxent River (0068)	6,595	39.2	**	**	**	**
Ft. Meade (0069)	9,727	20.8	**	**	**	**
Ft. Monmouth (0081)	1,457	**	**	**	**	**
West Point (0086)	11,238	25.2	28.4	**	0.0	**
NACC Newport (0100)	9,950	20.2	**	**	5.3	0.5
Ft. Belvoir (0123)	40,385	25.8	27.8	**	**	0.7
NMCL Annapolis (0306)	3,338	**	**	**	**	**
Hanscom AFB (0310)	1,866	32.1	**	**	**	**
NACC Portsmouth New Hamp. (0321)	1,742	24.8	**	**	**	**
McGuire AFB/Ft. Dix (0326)	31,212	24.4	7.6	**	3.3	9.4
Ft. Drum (0330)	5,529	53.7	**	**	**	**
NMCL Quantico (0385)	4,836	27.9	16.4	**	**	**
Bolling AFB (0413)	2,894	25.5	8.8	**	**	**
Out of catchment area (9901)	148,366	**	**	**	3.1	2.6
Region 1	387,951	27.1	18.7	14.5	3.5	3.3
CONUS MHS	2,689,886	26.5	19.5	13.5	3.8	4.9

### Population:

Beneficiaries who needed to see a specialist in the past 12 months

### What the exhibit shows:

- If beneficiaries are more likely to report a big problem getting specialty referrals in some health plans compared with other health plans
- If specialty referrals are a greater problem in certain catchment areas compared with the region overall
- How findings vary across catchment areas

### Double Asterisks (\*\*):

Indicates the value is suppressed because of insufficient sample size

### Findings:

Problems getting specialty care in Region 1 varied widely by type of health plan and catchment area, ranging from 3 percent of beneficiaries with "other insurance" to 27 percent of active duty enrollees. Nineteen percent of non-active duty enrollees reported problems.

The proportion of active duty enrollees reporting a "big problem" getting a specialty referral ranged from 20 percent, at NACC Newport, to 54 percent at Fort Drum Clinic.

Problems getting specialty care were also common among active duty enrollees at NACC Groton (48 percent) and Dover AFB (47 percent). At McGuire AFB/Fort Dix, only 8 percent of non-active duty enrollees reported problems.

## 4.4 Problems Getting Necessary Care, by Type of Health Plan

*Q.50: Which health plan did you use most in the last 12 months?*

*Q.59: How much of a problem, if any, was it to get the care you or a doctor believed necessary?*

Catchment Area (DMIS Code)	Population	Percent reporting a "big problem"				
		Active duty, Prime under age 65	Non-active duty, Prime under age 65	Standard/ Extra	Medicare, age 65 or over	Other insurance
NACC Groton (0035)	21,682	16.5	**	**	0.0	1.5
Dover AFB (0036)	15,528	28.0	12.8	10.0	5.4	2.4
Walter Reed AMC (0037)	43,773	10.1	6.0	0.9	**	0.8
Andrews AFB (0066)	44,762	9.2	8.4	**	**	**
NNMC Bethesda (0067)	59,999	14.1	8.9	**	**	6.3
NH Patuxent River (0068)	10,812	9.4	9.7	**	**	**
Ft. Meade (0069)	16,911	12.7	13.9	**	**	**
Ft. Monmouth (0081)	1,827	15.4	**	**	**	**
West Point (0086)	19,080	5.9	**	**	2.2	5.7
NACC Newport (0100)	18,393	7.4	6.9	7.8	6.3	1.3
Ft. Belvoir (0123)	77,589	12.5	12.9	0.2	**	0.7
NMCL Annapolis (0306)	6,142	9.6	**	**	**	**
Hanscom AFB (0310)	3,429	15.3	**	**	**	**
NACC Portsmouth New Hamp. (0321)	3,204	16.4	**	**	**	**
McGuire AFB/Ft. Dix (0326)	50,096	9.0	5.8	6.8	0.0	9.4
Ft. Drum (0330)	11,697	24.3	**	**	**	**
NMCL Quantico (0385)	9,993	9.4	7.8	**	**	**
Bolling AFB (0413)	5,537	13.0	8.0	**	**	**
Out of catchment area (9901)	231,758	8.9	5.8	7.7	0.0	1.6
Region 1	652,211	12.2	10.8	6.2	1.3	2.8
CONUS MHS	4,646,651	12.6	10.3	7.4	3.0	2.8

### Population:

Beneficiaries who received care at a MTF or CTF in the past 12 months

### What the exhibit shows:

- If beneficiaries are more likely to report a "big problem" getting care in some health plans compared with other plans
- If getting care is a greater problem in certain catchment areas compared with others

### Double Asterisks (\*\*):

Indicates that value is suppressed because of insufficient sample size

### Findings:

Problems getting "necessary care" in Region 1 varied widely by type of health plan and catchment area, ranging from 1 percent of Medicare beneficiaries to 12 percent of active duty TRICARE Prime enrollees.

The proportion of active duty enrollees reporting a "big problem" ranged from 6 percent at West Point to 28 percent at Dover AFB. Problems getting needed care were also common at Fort Drum (24 percent).

Non-active duty enrollees were least likely to report big problems getting needed care at McGuire AFB/Fort Dix (6 percent).

## Chapter

5

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## Health Status and Health Care Use

This chapter documents HCSDb findings on MHS beneficiaries' physical and mental health and presents summary data on emergency room use and use of military pharmacies to fill civilian prescriptions.

- **Physical and Mental Health Status**—The HCSDb incorporated questions from the SF-12, a widely used instrument for measuring physical and mental health status. In the SF-12, high scores are associated with better health. Exhibit 5.1 presents the proportion of people whose physical or mental health is worse than average. This means that if the reported proportion of beneficiaries in the exhibit is less than 50 percent, the reader can infer that the study population is, on average, healthier than the general U.S. population.
- **Emergency Room (ER) Utilization**—ER use is often viewed as an indicator of poor access to routine care. This exhibit shows the percentage of MHS beneficiaries who reported at least one visit to a military or civilian emergency room in the past 12 months. Findings for active duty TRICARE Prime enrollees, non-active duty TRICARE Prime enrollees, and all other Region 1 beneficiaries are presented by the type of facility (MTF or CTF). (See Exhibit 5.2).
- **Military Pharmacies and Civilian Prescriptions**—Earlier surveys have found that a substantial portion of MHS beneficiaries use military pharmacies to obtain prescriptions drugs that were ordered by a civilian provider. This year, the analysis focuses on those with higher usage, that is, the percentage of the population who had a military pharmacy fill at least seven prescriptions ordered by a civilian provider (see Exhibit 5.3).

### Key Findings

#### Physical and Mental Health

- Region 1 beneficiaries are in better than average physical and mental health compared with the general U.S. population. Fewer than half of Region 1 beneficiaries scored below the 50th percentile of the U.S. population in physical health (45 percent) or mental health (36 percent). The low physical health score rate ranged from 35 percent at Andrews AFB to 64 percent at NH Patuxent River. The low mental health score rate ranged from 26 percent at NH Patuxent River to 54 percent at Fort Monmouth.

### **Emergency Room Use**

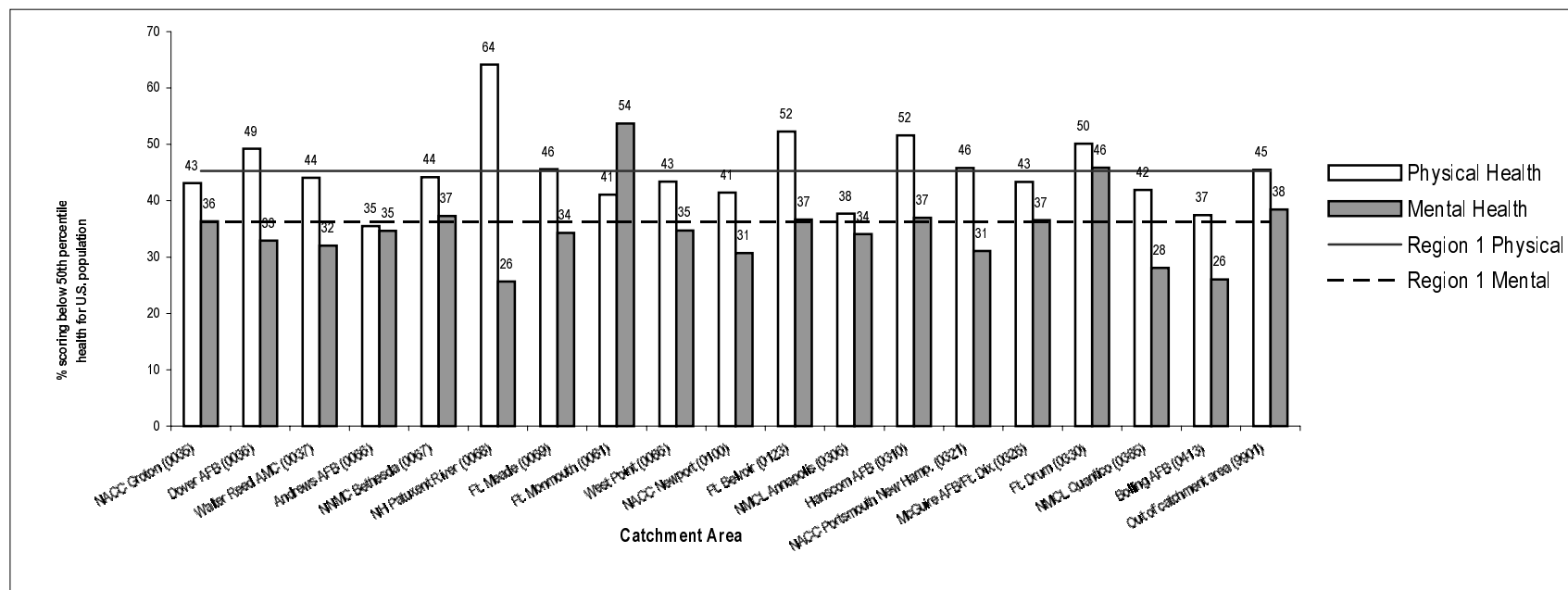
- Sixteen percent of active duty enrollees in Region 1 reported at least one visit to a MTF emergency room, 8 percent to a CTF emergency room. More than one in four active duty and non-active duty Prime enrollees at Fort Drum (25 percent and 61 percent, respectively) and West Point (29 percent and 33 percent, respectively) reported MTF emergency room visits.

### **Use of Military Pharmacies**

- Retirees, survivors and dependents age 65 or over were the beneficiary group most likely to have filled 7 or more civilian prescriptions at military pharmacies in Region 1 (21 percent) and in CONUS MHS (27 percent). Rates for this beneficiary group in Region 1 catchment areas ranged from 14 percent at West Point to 32 percent at McGuire AFB/Fort Dix.
- In Region 1 overall, the proportion of retirees, survivors and dependents under age 65 filling 7 or more civilian prescriptions at military pharmacies (6 percent), was substantially below the CONUS MHS rate (11 percent). In 6 catchment areas, the rate for this beneficiary group was 2 percent or under.

## 5.1 Physical and Mental Health Status of Beneficiaries in Region 1 Relative to the U.S. Population

*This chart presents a composite result derived from responses to questions 105 through 111, which relate to general physical and mental health. These scores are age-adjusted.*



### Population:

All beneficiaries

### Sample size:

17,028

### Vertical axis:

Percent of the adult MHS population whose physical or mental health score (adjusted for age) is below the 50<sup>th</sup> percentile score for the overall adult U.S. population

### Horizontal axis:

All catchment areas

### Double Asterisks (\*\*):

Indicates the value is suppressed because of insufficient sample size

### What the exhibit shows:

- How the overall physical and mental health status of Region 1 catchment area beneficiaries compares with that of the general U.S. population
- How the physical and mental health of MHS beneficiaries varies across catchment areas

### Findings:

Region 1 beneficiaries are in better-than-average physical and mental health compared with the general U.S. population. Forty-five percent of Region 1 beneficiaries had a physical health score below the 50th percentile score for the U.S. population.

The low physical health score rate ranged from 35 percent at Andrews AFB to 64 percent at NH Patuxent River. In no catchment area was the physical health score significantly poorer than the U.S. population average.

Only 36 percent of Region 1 beneficiaries had a mental health score below the 50th percentile score for the U.S. population. In all catchment areas but Fort Monmouth (54 percent) and Fort Drum (46 percent), the mental health score was significantly better than the U.S. average.

## 5.2 Population with One or More Visits to a Military or Civilian Emergency Room, by Enrollment Status

*Q.11: How many times did you go to a military emergency room to get care for yourself?*

*Q.13: How many times did you go to a civilian emergency room for your own care?*

Catchment Area (DMIS Code)	Population	Percent of Population							
		Enrolled in Prime under age 65				Not Enrolled in Prime			
		Active Duty		Non-Active Duty		Under age 65		Age 65 or over	
		MTF	CTF	MTF	CTF	MTF	CTF	MTF	CTF
NACC Groton (0035)	55,643	18.2	4.6	29.4	7.1	7.9	18.6	3.5	22.7
Dover AFB (0036)	36,764	9.0	8.1	9.0	**	2.0	20.0	3.1	20.3
Walter Reed AMC (0037)	102,478	17.2	4.1	**	16.6	**	**	**	**
Andrews AFB (0066)	101,792	20.5	**	28.6	2.5	**	0.3	**	**
NNMC Bethesda (0067)	142,719	14.7	5.6	**	7.7	8.0	**	**	5.8
NH Patuxent River (0068)	22,272	3.8	4.4	5.1	9.7	**	**	**	**
Ft. Meade (0069)	37,280	16.9	8.5	18.0	5.2	**	**	**	**
Ft. Monmouth (0081)	3,980	7.6	**	**	**	**	**	**	**
West Point (0086)	44,905	29.4	3.4	32.7	6.3	9.7	15.6	8.2	21.2
NACC Newport (0100)	45,367	**	**	19.1	10.7	7.2	18.9	**	15.7
Ft. Belvoir (0123)	176,370	29.6	4.4	23.5	4.2	3.0	**	**	**
NMCL Annapolis (0306)	13,876	5.9	7.0	6.2	6.4	**	**	**	**
Hanscom AFB (0310)	7,843	7.3	8.8	**	**	**	**	**	**
NACC Portsmouth New Hamp. (0321)	8,013	7.4	18.6	**	**	**	**	**	**
McGuire AFB/Ft. Dix (0326)	117,876	4.7	7.5	4.8	**	2.9	15.5	2.9	17.6
Ft. Drum (0330)	28,736	25.2	6.6	60.6	**	**	**	**	**
NMCL Quantico (0385)	22,935	11.4	3.4	8.9	7.6	**	**	**	**
Bolling AFB (0413)	12,121	10.5	7.5	8.7	1.1	**	**	**	**
Out of catchment area (9901)	544,552	8.0	**	1.4	16.7	1.7	22.0	3.9	26.3
Region 1	1,525,520	15.9	8.2	18.3	10.5	5.6	18.0	4.9	21.2
CONUS MHS	11,163,792	20.0	5.7	21.2	9.6	6.0	17.7	6.2	20.7

### Population:

All beneficiaries

### What the exhibit shows:

- If TRICARE Prime enrollees are more likely to use an emergency room compared with other beneficiaries
- If use of MTF emergency rooms is greater than use of CTF emergency rooms
- How findings vary across catchment areas

### Double Asterisks (\*\*):

Indicates the value is suppressed because of insufficient sample size

### Findings:

Emergency room use varied substantially by catchment area and enrollment group. In Region 1 overall, 16 percent of active duty TRICARE Prime enrollees reported using a MTF emergency room at least once in the past 12 months, while 8 percent reported using a CTF emergency room.

MTF emergency room use by active duty enrollees ranged from 4 percent at NH Patuxent River, to 30 percent at Fort Belvoir.

More than one in four active duty and non-active duty Prime enrollees at Fort Drum (25 percent and 61 percent, respectively) and West Point (29 percent and 33 percent, respectively) reported MTF emergency room visits.



### 5.3 Use of Military Pharmacies to Fill Prescriptions Written by a Civilian Provider, by Type of Beneficiary

**Q.14: How many prescriptions did you have that were written by a civilian provider but were filled with a military pharmacy?**

Catchment Area (DMIS Code)	Population	Percent filling 7 or more civilian prescriptions			
		Active Duty under age 65	Dependents of Active Duty, under age 65	Retirees, Survivors, and Dependents, under age 65	Retirees, Survivors, and Dependents, age 65 or over
NACC Groton (0035)	27,821	1.9	4.7	10.4	20.0
Dover AFB (0036)	18,452	2.7	5.0	13.1	25.2
Walter Reed AMC (0037)	50,209	2.7	**	**	**
Andrews AFB (0066)	51,040	2.7	0.4	1.8	**
NNMC Bethesda (0067)	71,348	2.1	1.6	4.0	**
NH Patuxent River (0068)	10,561	0.5	4.4	1.2	**
Ft. Meade (0069)	18,704	1.9	1.5	1.3	**
Ft. Monmouth (0081)	2,136	5.3	**	**	**
West Point (0086)	22,432	0.0	0.0	1.4	14.1
NACC Newport (0100)	22,852	1.1	6.5	9.4	25.8
Ft. Belvoir (0123)	88,674	1.8	6.2	7.6	**
NMCL Annapolis (0306)	6,923	0.6	2.4	1.1	**
Hanscom AFB (0310)	3,733	0.0	**	**	**
NACC Portsmouth New Hamp. (0321)	4,006	0.8	**	**	**
McGuire AFB/Ft. Dix (0326)	59,459	1.5	2.6	4.7	31.7
Ft. Drum (0330)	14,484	3.2	2.7	**	**
NMCL Quantico (0385)	11,468	0.9	1.2	2.1	**
Bolling AFB (0413)	6,065	1.8	1.6	0.9	**
Out of catchment area (9901)	271,060	0.2	8.7	2.9	19.4
Region 1	761,426	1.6	5.9	5.6	20.5
CONUS MHS	5,569,364	2.2	6.2	10.8	27.4

#### Population:

All beneficiaries

#### What the exhibit shows:

- If beneficiaries in some catchment areas have filled 7 or more civilian prescriptions in military pharmacies
- If some groups of beneficiaries are more likely to fill civilian prescriptions at military pharmacies
- How findings vary across catchment areas

#### Double Asterisks (\*\*):

Indicates the value is suppressed because of insufficient sample size

#### Findings:

Relying on military pharmacies for civilian prescriptions is most common among retirees, survivors, or dependents age 65 or over. In Region 1 overall, 21 percent of this beneficiary group filled at least 7 civilian prescriptions at a military pharmacy. This compares with only 2 percent of active duty enrollees under age 65 and 6 percent of retirees, survivors, and dependents under age 65.

This practice is especially common among retirees, survivors, and dependents at McGuire AFB/Fort Dix (32 percent), NACC Newport (26 percent), and Dover AFB (25 percent). At Dover AFB, 13 percent of retirees, survivors and dependents under age 65 filled 7 or more civilian prescriptions at a military pharmacy.

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Chapter

6

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## Use of Preventive Services

This chapter analyzes a series of survey questions that asked MHS beneficiaries to report their use of selected preventive services: prenatal care in the first trimester of pregnancy, breast and cervical cancer screening, flu shots among the elderly, and screening for hypertension and prostate disease.

- The findings for MHS beneficiaries are compared with the federal government's Healthy People 2000 goals for improving the nation's health (see Healthy People 2000 Review 1997, DHHS Publication No. PHS 98-1256). In the bar graphs, the Healthy People 2000 goals are indicated by hatched lines; findings for Region 1 overall are indicated by solid lines.
- Exhibits 6.1, 6.2, and 6.5, show how use of prenatal care, screening for breast cancer, and flu shots varies by catchment area. Exhibits 6.3, 6.4, and 6.6 show results for cervical cancer, hypertension, and prostate disease screening for active duty Prime enrollees, non-active duty Prime enrollees, and all other beneficiaries. Since national goals for prostate disease screening have not been established, the findings can be assessed with respect to the American Cancer Society recommendation that men age 50 and over be screened annually for prostate disease.

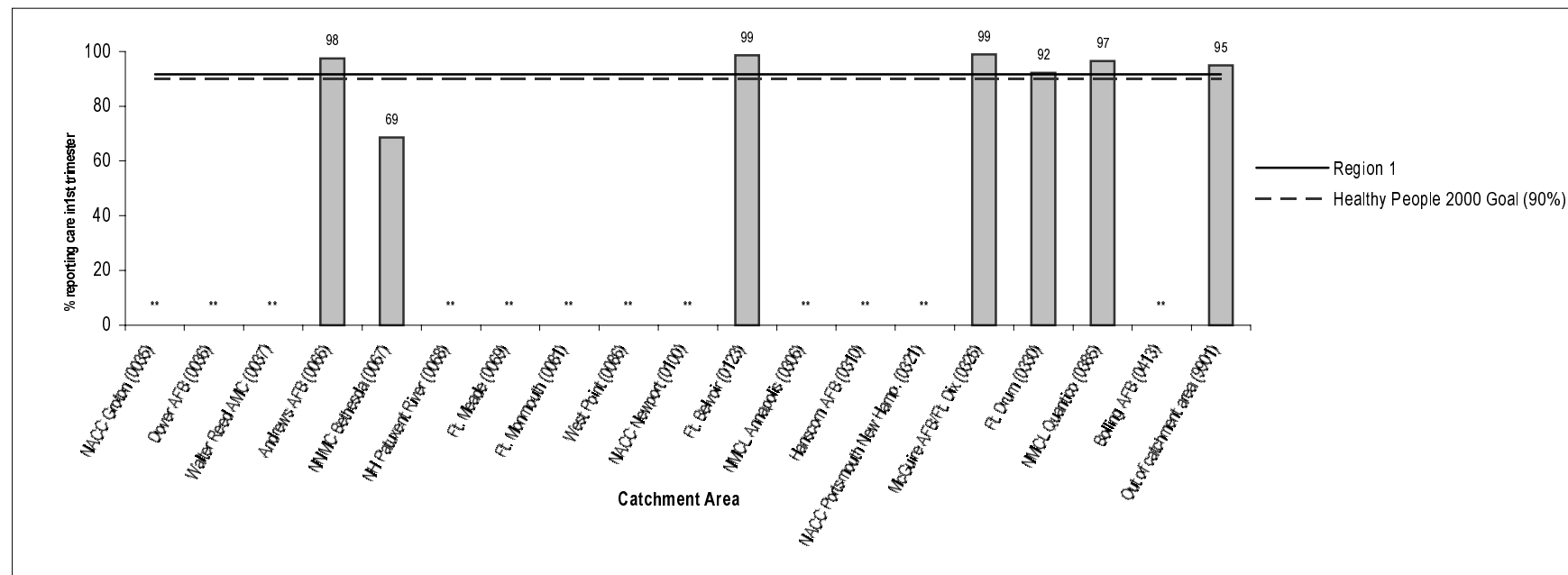
### Key Findings

- Most catchment areas met or exceeded Healthy People 2000 goals for prenatal care, breast and cervical cancer screening, hypertension screening and flu immunization.
- The proportion of women reporting first trimester prenatal care ranged from 69 percent at NNMC Bethesda to 99 percent at McGuire AFB/Fort Dix and Fort Belvoir.
- Breast cancer screening rates ranged from 82 percent at West Point to 99 percent at Andrews AFB and 97 percent at Walter Reed AMC. Screening rates exceeded the Healthy People 2000 goal of 60 percent in all catchment areas for which rates could be estimated reliably.
- In all MTF catchment areas where Pap smear rates could be reliably estimated, rates for active duty enrollees and non-active duty enrollees with military PCMs met or exceeded the Healthy People 2000 goal of 85 percent. One hundred percent of active duty women at Hanscom AFB and NACC Newport and 99 percent at NNMC Bethesda reported receiving Pap smears.

- The proportion of active duty enrollees who were tested in the past two years and knew whether their blood pressure was high ranged from 86 percent at NACC Groton to 98 percent at NACC Newport. Among non-active duty enrollees with military PCMs, rates ranged from 87 percent at NNMC Bethesda to 98 percent at NACC Newport and McGuire AFB/ Fort Dix.
- Beneficiaries in all catchment areas for which rates could be estimated reliably exceeded the Healthy People 2000 flu immunization goal of 60 percent. Flu shot rates ranged from 70 percent at Dover AFB to 85 percent at NACC Groton.
- Among men age 50 or over, 49 percent of active duty TRICARE Prime enrollees in Region 1 were screened for prostate disease in the past year, as were 50 percent of non-active duty enrollees. Screening rates for non-active duty enrollees at West Point (75 percent) and Andrews AFB (74 percent) were highest compared to other non-active duty enrollees in the region.

## 6.1 Timing of First Prenatal Care

**Q.31: When during your pregnancy did you first begin receiving prenatal care from a doctor or other health care professional?**



### Population:

Female beneficiaries, age 18 and over, who reported being pregnant "now" or in the past 12 months

### Sample size:

338

### Vertical axis:

Percent who had prenatal care in their first trimester of pregnancy

### Horizontal axis:

All catchment areas

### Double Asterisks (\*\*):

Indicates the value is suppressed because of insufficient sample size

### What the exhibit shows:

- The percent of pregnant women who had a prenatal visit during their first trimester of pregnancy
- If access to prenatal care varies by catchment area
- If Region 1 catchment areas meet the Healthy People 2000 goal that at least 90 percent of pregnant women get care in their first trimester

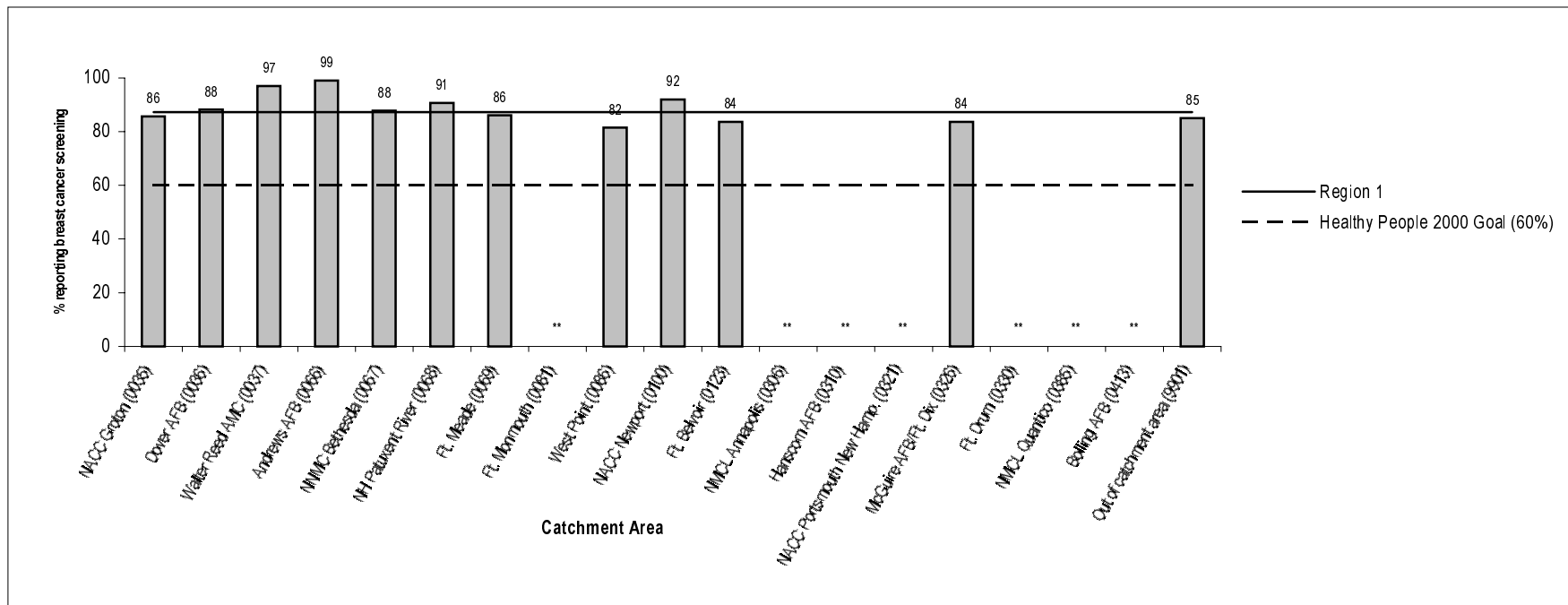
### Findings:

Ninety-one percent of pregnant women in Region 1 reported first trimester prenatal care. This exceeds the Healthy People 2000 goal of 90 percent.

Early prenatal care rates ranged from 69 percent at NNMC Bethesda to 99 percent at McGuire AFB/Fort Dix and Fort Belvoir.

## 6.2 Breast Cancer Screening in the Past 2 Years

**Q.29b: When was the last time your breasts were checked by mammography or other x-ray like procedure?**



### Population:

Female beneficiaries age 50 and over

### Sample size:

1,118

### Vertical axis:

Percent who reported having "mammography or other x-ray like procedure" in the past 2 years

### Horizontal axis:

All catchment areas

### Double Asterisks (\*\*):

Indicates the value is suppressed because of insufficient sample size

### What the exhibit shows:

- The percent of women age 50 or over who had a mammogram or other x-ray like procedure for breast cancer screening in the past two years
- If Region 1 catchment areas meet the Healthy People 2000 goal that at least 60 percent of women age 50 and over have been screened for breast cancer in the past two years
- How findings vary across catchment areas

### Findings:

In Region 1 overall, 87 percent of women, age 50 and over, were screened for breast cancer in the previous two years. Breast cancer screening rates were highest at Andrews AFB (99 percent) and Walter Reed AMC (97 percent).

All catchment areas (with large enough samples for reliable estimates) met or exceeded the Healthy People 2000 goal of 60 percent.

### 6.3 Cervical Cancer Screening in the Past 3 Years, by Enrollment Status

**Q.28: When did you last have a routine female examination with a Pap smear?**

Catchment Area (DMIS Code)	Population	Percent of Population				
		Enrolled in Prime under age 65			Not enrolled in Prime	
		Active Duty Military PCM	Non-Active Duty Military PCM	Non-Active Duty Civilian PCM	Under age 65	Age 65 or over
NACC Groton (0035)	12,803	**	93.7	**	82.2	79.2
Dover AFB (0036)	9,679	87.4	93.6	**	86.4	86.5
Walter Reed AMC (0037)	23,475	95.6	85.8	93.3	99.2	**
Andrews AFB (0066)	29,399	98.0	97.0	89.0	86.7	**
NNMC Bethesda (0067)	31,152	99.4	85.0	99.2	85.1	**
NH Patuxent River (0068)	2,957	**	92.6	**	**	**
Ft. Meade (0069)	7,925	95.9	93.6	**	**	**
Ft. Monmouth (0081)	1,057	**	**	**	**	**
West Point (0086)	8,716	86.7	96.4	**	82.1	69.3
NACC Newport (0100)	9,827	100.0	93.1	100.0	91.6	73.3
Ft. Belvoir (0123)	47,269	96.8	94.9	**	95.5	**
NMCL Annapolis (0306)	2,608	87.2	95.9	**	**	**
Hanscom AFB (0310)	1,793	100.0	**	**	**	**
NACC Portsmouth New Hamp. (0321)	662	**	**	**	**	**
McGuire AFB/Ft. Dix (0326)	27,645	97.1	97.4	94.5	85.5	76.5
Ft. Drum (0330)	5,472	**	97.4	**	**	**
NMCL Quantico (0385)	4,415	95.9	97.2	**	**	**
Bolling AFB (0413)	1,831	98.4	95.1	**	**	**
Out of catchment area (9901)	115,362	77.0	**	89.2	86.7	77.6
Region 1	344,048	93.7	93.9	91.1	88.5	80.2
CONUS MHS	2,635,949	96.5	93.3	92.4	85.6	85.4

**Population:**

Female beneficiaries age 18 and over

**What the exhibit shows:**

- The percent of women who have been screened for cervical cancer in the past 3 years
- If some groups of women are more likely than others to be screened
- If Region 1 catchment areas meet the Healthy People 2000 goal that at least 85 percent of women have had a pap smear in the past 3 years
- How findings vary across catchment areas

**Double Asterisks (\*\*):**

Indicates the value is suppressed because of insufficient sample size

**Findings:**

In Region 1 overall, the proportion of women with a Pap smear in the past 3 years ranged from 80 percent of non-Prime beneficiaries, age 65 or over, to 94 percent of Prime enrollees with a military PCM.

Screening rates were particularly high among active duty women at Hanscom AFB (100 percent), NACC Newport (100 percent), and NNMC Bethesda (99 percent).

Among non-active duty Prime enrollees with military PCMs, rates were highest (97 percent) at Andrews AFB, Fort Drum, McGuire AFB/Fort Dix, and NMCL Quantico.

Prime enrollees in all catchment areas (with large enough samples for reliable estimates) met or exceeded the Healthy People 2000 goal of 85 percent.

## 6.4 Hypertension Screening in the Past 2 Years, by Enrollment Status

**Q.17a: When did you last have a blood pressure reading?**

**Q.17b: Do you know if your blood pressure is too high or not?**

Catchment Area (DMIS Code)	Population	Percent of Population				
		Enrolled in Prime under age 65			Not enrolled in Prime	
		Active Duty Military PCM	Non-Active Duty Military PCM	Non-Active Duty Civilian PCM	Under age 65	Age 65 or over
NACC Groton (0035)	28,143	86.0	91.8	**	91.7	95.0
Dover AFB (0036)	18,516	93.7	93.0	**	92.0	95.9
Walter Reed AMC (0037)	50,885	92.7	97.2	91.5	96.2	**
Andrews AFB (0066)	50,869	94.3	93.4	95.8	96.3	**
NNMC Bethesda (0067)	71,549	94.0	86.5	91.6	84.2	100.0
NH Patuxent River (0068)	11,284	94.5	89.8	**	**	**
Ft. Meade (0069)	18,601	92.6	94.3	**	**	**
Ft. Monmouth (0081)	2,145	86.7	**	**	**	**
West Point (0086)	22,644	93.3	96.3	**	92.0	94.7
NACC Newport (0100)	22,666	97.6	97.8	89.2	96.0	94.1
Ft. Belvoir (0123)	88,331	94.7	95.3	**	92.2	**
NMCL Annapolis (0306)	7,013	94.0	93.7	**	**	**
Hanscom AFB (0310)	3,946	91.8	**	**	**	**
NACC Portsmouth New Hamp. (0321)	4,044	96.0	**	**	**	**
McGuire AFB/Ft. Dix (0326)	59,868	96.2	97.7	95.5	91.3	94.4
Ft. Drum (0330)	14,308	92.5	94.5	**	**	**
NMCL Quantico (0385)	11,313	91.1	95.7	**	**	**
Bolling AFB (0413)	5,961	97.2	93.7	**	**	**
Out of catchment area (9901)	272,909	92.2	**	92.8	91.9	97.0
Region 1	764,996	93.2	94.0	93.0	92.1	97.3
CONUS MHS	5,580,883	90.1	91.4	94.0	90.4	95.7

### Population:

All beneficiaries

### What the exhibit shows:

- Percent of beneficiaries who had a blood pressure reading in the past 2 years and know if their blood pressure is too high
- If some groups of MHS beneficiaries are more likely than others to be aware of their risk for hypertension
- If Region 1 catchment areas meet the Healthy People 2000 goal for hypertension screening of 90 percent
- How findings vary by catchment area

### Double Asterisks (\*\*):

Indicates the value is suppressed because of insufficient sample size

### Findings:

The proportion of Region 1 beneficiaries who were tested in the previous 2 years and knew if their blood pressure was too high ranged from 92 percent of non-Prime beneficiaries, under age 65, to 97 percent of non-Prime beneficiaries, age 65 or over. Ninety-three percent of active duty enrollees and 94 percent of non-active duty enrollees with military PCMs, were screened for hypertension.

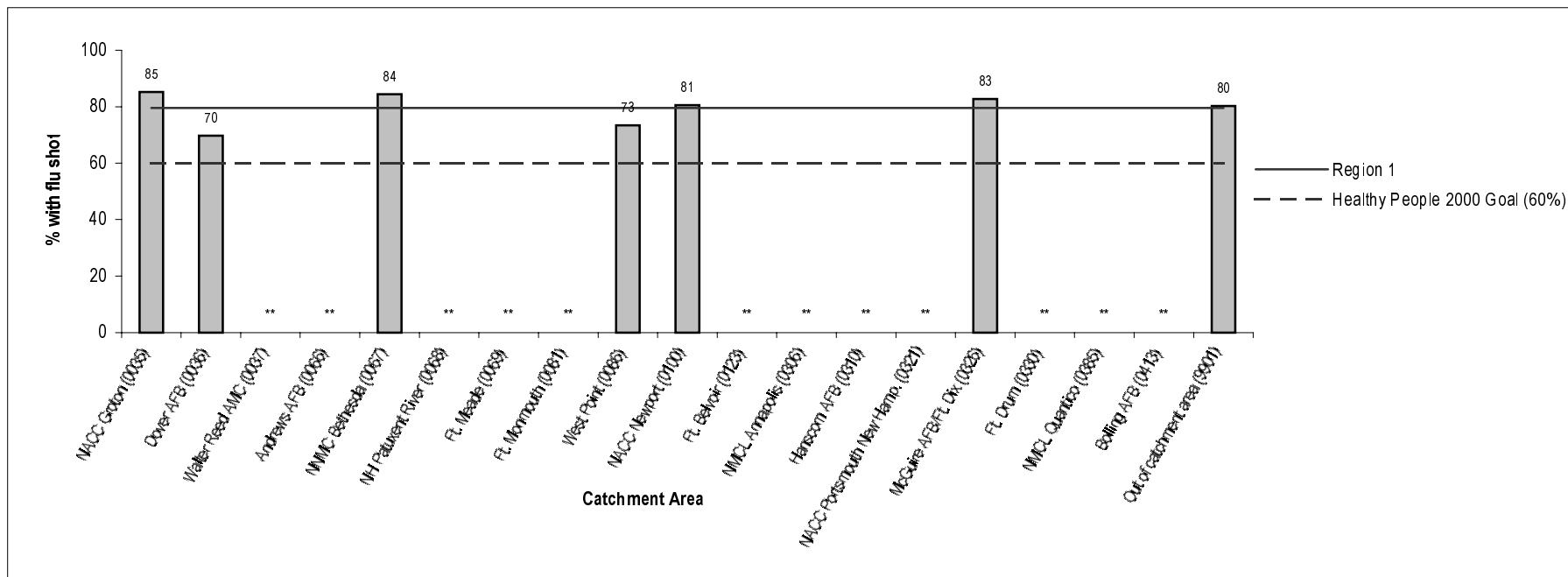
Hypertension screening rates among active duty enrollees were highest at NACC Newport (98 percent) and Bolling AFB (97 percent).

Among non-active duty Prime enrollees with military PCMs, screening rates were highest at NACC Newport and McGuire AFB/Fort Dix (98 percent).



## 6.5 Flu Shots Among Population Age 65 and Over in the Past 12 Months

**Q.19: When did you last have a flu shot?**



### Population:

Beneficiaries age 65 and over

### Sample size:

903

### Vertical axis:

Percent who had a flu shot less than 12 months ago

### Horizontal axis:

All catchment areas

### Double Asterisks (\*\*):

Indicates the value is suppressed because of insufficient sample size

### What the exhibit shows:

- The percent of beneficiaries age 65 and over who had a flu shot in the past 12 months
- If some catchment areas are more likely than others to provide flu shots to beneficiaries age 65 or older
- If Region 1 catchment areas meet the Healthy People 2000 goal that 60 percent of persons age 65 or over get an annual flu shot

### Findings:

In Region 1 overall, 80 percent of beneficiaries, age 65 or over, had flu shots in the past 12 months. Annual flu shot rates ranged from 70 percent at Dover AFB to 85 percent at NACC Groton.

All catchment areas (with large enough samples for reliable estimates) exceeded the Healthy People 2000 goal of 60 percent.

## 6.6 Prostate Disease Screening in the Past 12 Months, by Enrollment Status

*Q.27: When was the last time you had a prostate gland examination or blood test for prostate disease?*

Catchment Area (DMIS Code)	Population	Percent of Population			
		Enrolled in Prime under age 65		Not enrolled in Prime	
		Active Duty	Non-Active Duty	Under age 65	Age 65 or over
NACC Groton (0035)	6,199	**	**	62.7	61.0
Dover AFB (0036)	4,967	**	**	62.5	79.6
Walter Reed AMC (0037)	17,361	**	**	**	**
Andrews AFB (0066)	13,770	**	74.0	**	**
NNMC Bethesda (0067)	18,934	65.9	**	**	**
NH Patuxent River (0068)	3,347	**	**	**	**
Ft. Meade (0069)	2,551	52.6	**	**	**
Ft. Monmouth (0081)	90	**	**	**	**
West Point (0086)	6,516	**	75.2	62.9	86.0
NACC Newport (0100)	7,749	**	67.0	73.8	67.0
Ft. Belvoir (0123)	24,271	47.7	40.2	**	**
NMCL Annapolis (0306)	122	**	**	**	**
Hanscom AFB (0310)	113	**	**	**	**
NACC Portsmouth New Hamp. (0321)	244	**	**	**	**
McGuire AFB/Ft. Dix (0326)	21,922	**	58.0	64.9	79.6
Ft. Drum (0330)	92	**	**	**	**
NMCL Quantico (0385)	559	**	**	**	**
Bolling AFB (0413)	1,103	**	**	**	**
Out of catchment area (9901)	117,075	**	49.5	74.0	85.8
Region 1	246,985	48.9	49.6	68.0	80.3
CONUS MHS	1,604,826	50.9	58.9	58.5	75.1

### Population:

Male beneficiaries age 50 and over

### What the exhibit shows:

- Percent of men age 50 and over who had a prostate exam in the past 12 months
- How the findings vary by enrollment status
- If some catchment areas are more likely than others to screen men for prostate disease

### Double Asterisks (\*\*):

Indicates the value is suppressed because of insufficient sample size

### Findings:

The American Cancer Society recommends annual screening for prostate disease for men age 50 and over.

Prostate screening rates ranged from 49 percent of active duty enrollees to 80 percent of non-Prime beneficiaries age 65 or over.

Screening rates among non-active duty Prime enrollees were highest at West Point (75 percent) and Andrews AFB (74 percent).

# Chapter 7

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## Performance Improvement Plan

This chapter presents a performance improvement plan (PIP) for each catchment area. In summarizing the satisfaction questions in the 1998 HCSDb, the purpose of the PIP is to identify: (1) the key aspects of services or care that most influence beneficiary satisfaction in the region and (2) those aspects that need to be improved in order to increase beneficiary satisfaction.

Each point in the exhibits represents one of the questions about satisfaction with military health care, Questions 100 a-s. For example, point H represents beneficiary satisfaction with the length of the wait in the provider's office, as indicated by the key to the right of the plot. The "importance" score in the figure (Y-axis) is the correlation of overall satisfaction with ratings of these individual aspects of health care. (A correlation was developed for each item). For example, the correlation for office waiting time would indicate how "important" office waiting time is in determining the respondent's overall satisfaction with military care. The closer a point is to the top of the exhibit, the more important the item is to overall satisfaction with military health care.

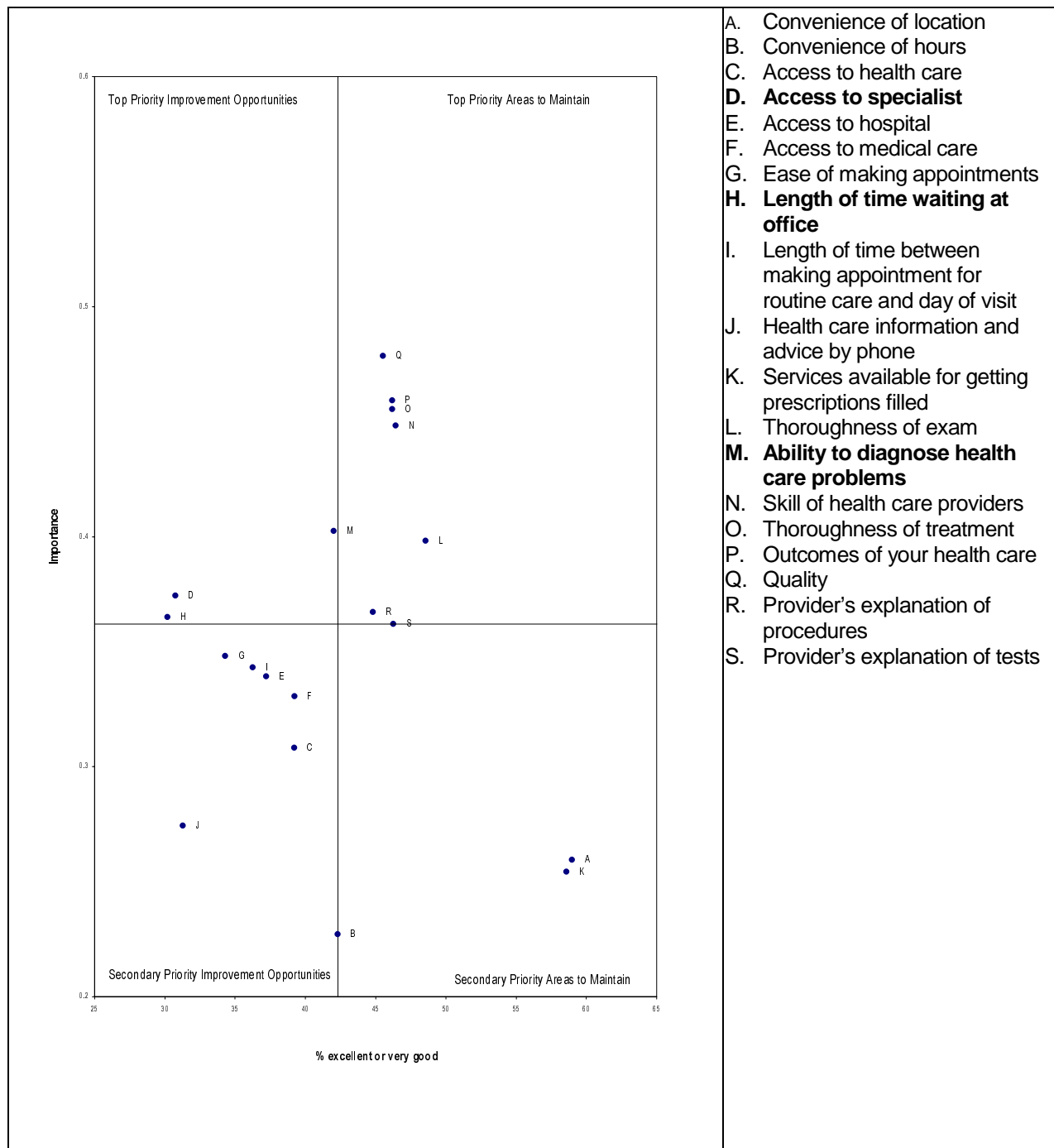
Services above the horizontal line, in the middle of the exhibit, are of greater importance to beneficiaries than those below the horizontal line, and they are noteworthy for their contribution to overall satisfaction. Services that beneficiaries are less satisfied with lie to the left of the vertical line, and those they are more satisfied with lie to the right of the line.

### The quadrants may be interpreted as follows:

- **Top priority improvement opportunities are in the top left quadrant.** These aspects of health care should receive top priority for improvement because they are the ones with which beneficiaries are relatively dissatisfied and are important to overall satisfaction. These areas offer the greatest potential for increasing overall beneficiary satisfaction.
- **Top priority aspects of care to maintain are in the top right quadrant.** These are aspects of health care with which beneficiaries are relatively satisfied and that are important to overall satisfaction. These current levels of care in these areas should be maintained.
- **Secondary priority improvement opportunities are in the bottom left quadrant.** These aspects of health care may need to be improved because beneficiaries are dissatisfied with them, but the priority for attending to them is relatively low because they are not especially important to overall satisfaction.
- **Secondary priority improvement opportunities are in the bottom right quadrant.** These are aspects of health care with which beneficiaries are relatively satisfied but are not especially important to overall satisfaction. To the extent that these aspects of care meet beneficiaries' expectation, they should be maintained at their current level, but because they have relatively less to do with overall satisfaction, they can receive secondary priority.

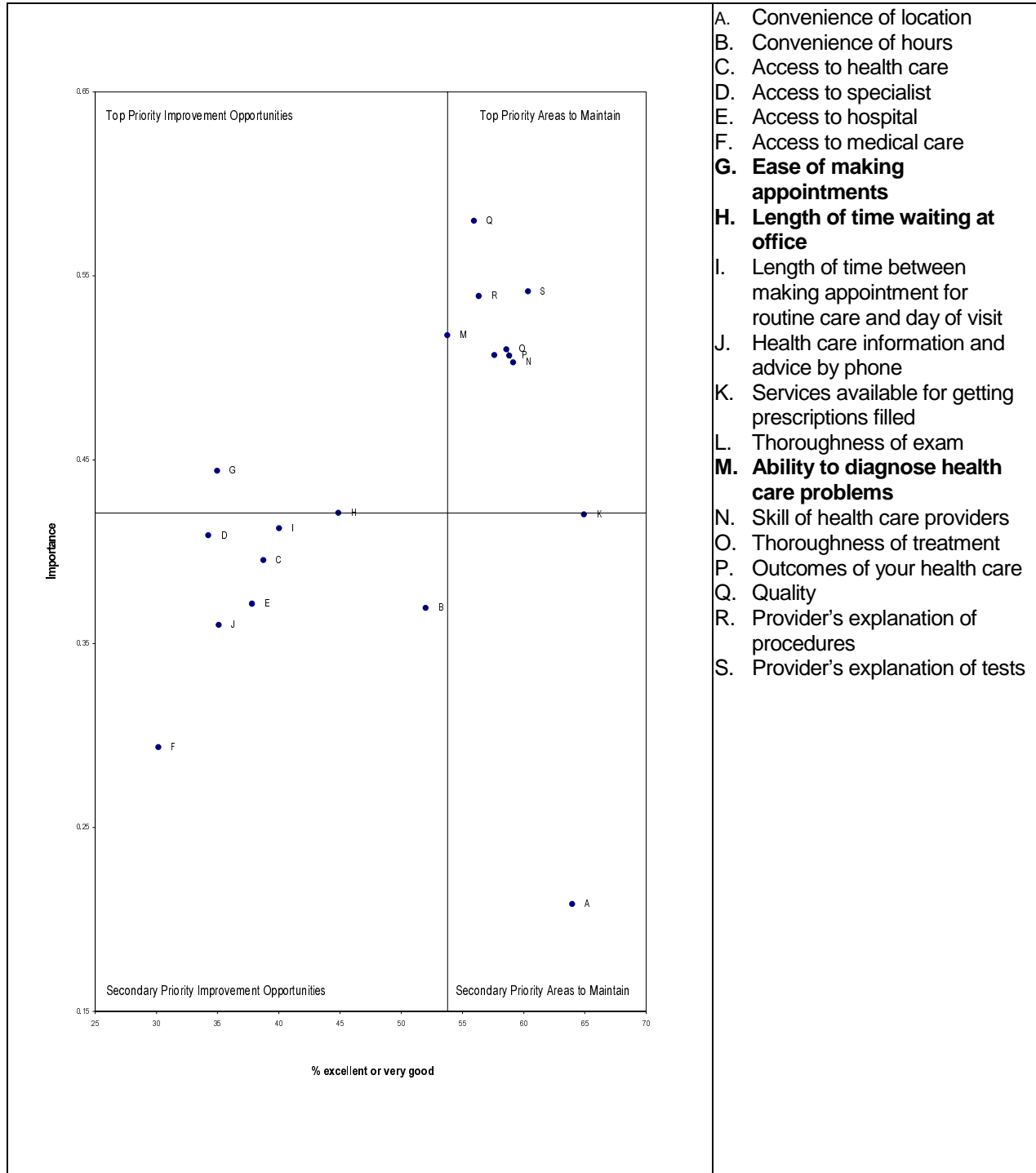
## 7.1 Performance Improvement Plan, NACC Groton

Bold items in the key to the right of this PIP identify aspects of military health care at NACC Groton that need remedial attention. This means that these aspects of care are important to overall beneficiary satisfaction but received relatively low satisfaction scores. The items fall into two categories: (1) access to system resources and appointments [items A – K] and (2) quality of care [items L – S].



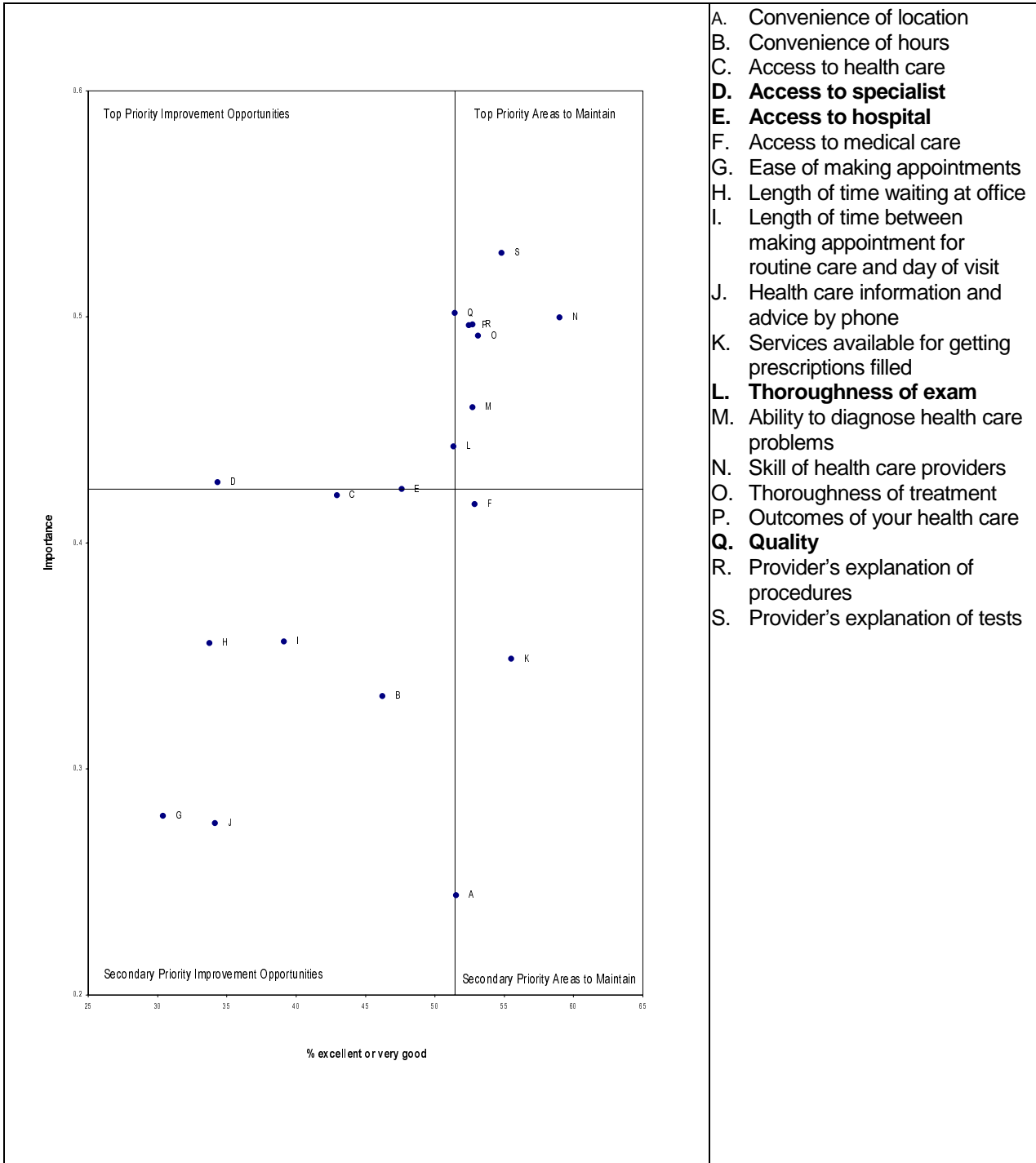
## 7.2 Performance Improvement Plan, Dover AFB

Bold items in the key to the right of this PIP identify aspects of military health care at Dover AFB that need remedial attention. This means that these aspects of care are important to overall beneficiary satisfaction but received relatively low satisfaction scores. The items fall into two categories: (1) access to system resources and appointments [items A – K] and (2) quality of care [items L – S].



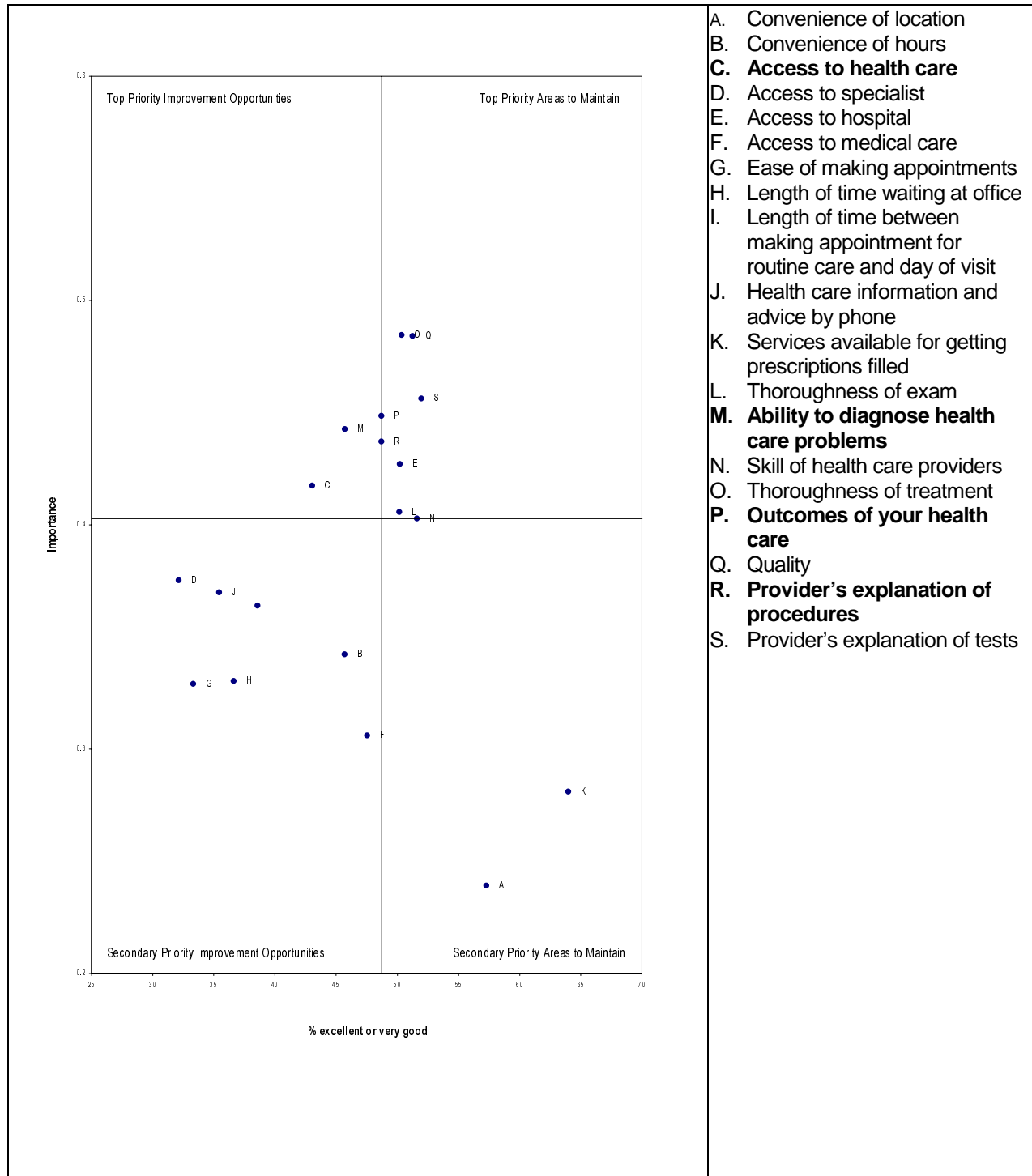
### 7.3 Performance Improvement Plan, Walter Reed AMC

Bold items in the key to the right of this PIP identify aspects of military health care at Walter Reed AMC that need remedial attention. This means that these aspects of care are important to overall beneficiary satisfaction but received relatively low satisfaction scores. The items fall into two categories: (1) access to system resources and appointments [items A – K] and (2) quality of care [items L – S].



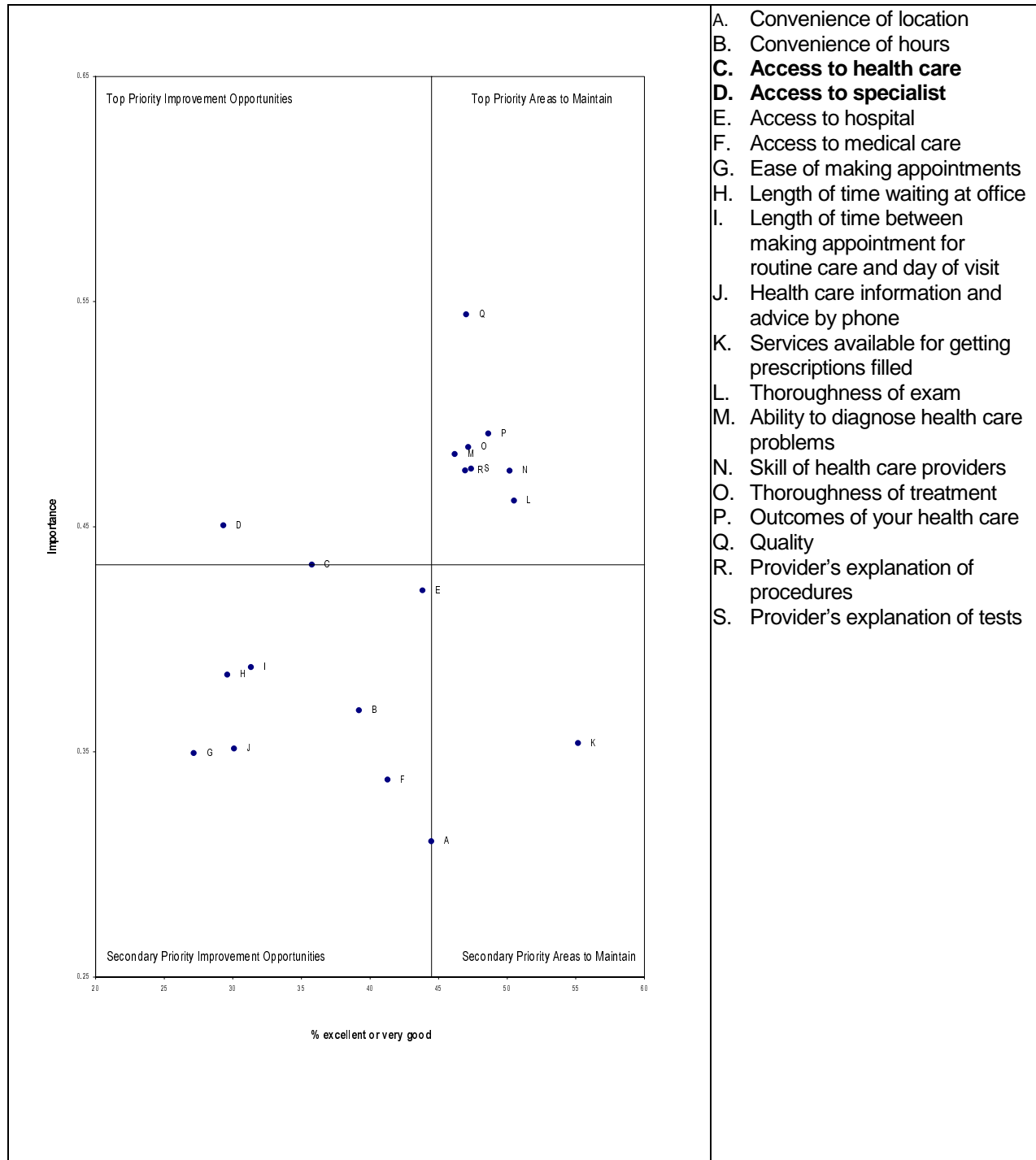
## 7.4 Performance Improvement Plan, Andrews AFB

Bold items in the key to the right of this PIP identify aspects of military health care at Andrews AFB that need remedial attention. This means that these aspects of care are important to overall beneficiary satisfaction but received relatively low satisfaction scores. The items fall into two categories: (1) access to system resources and appointments [items A – K] and (2) quality of care [items L – S].



## 7.5 Performance Improvement Plan, NNMC Bethesda

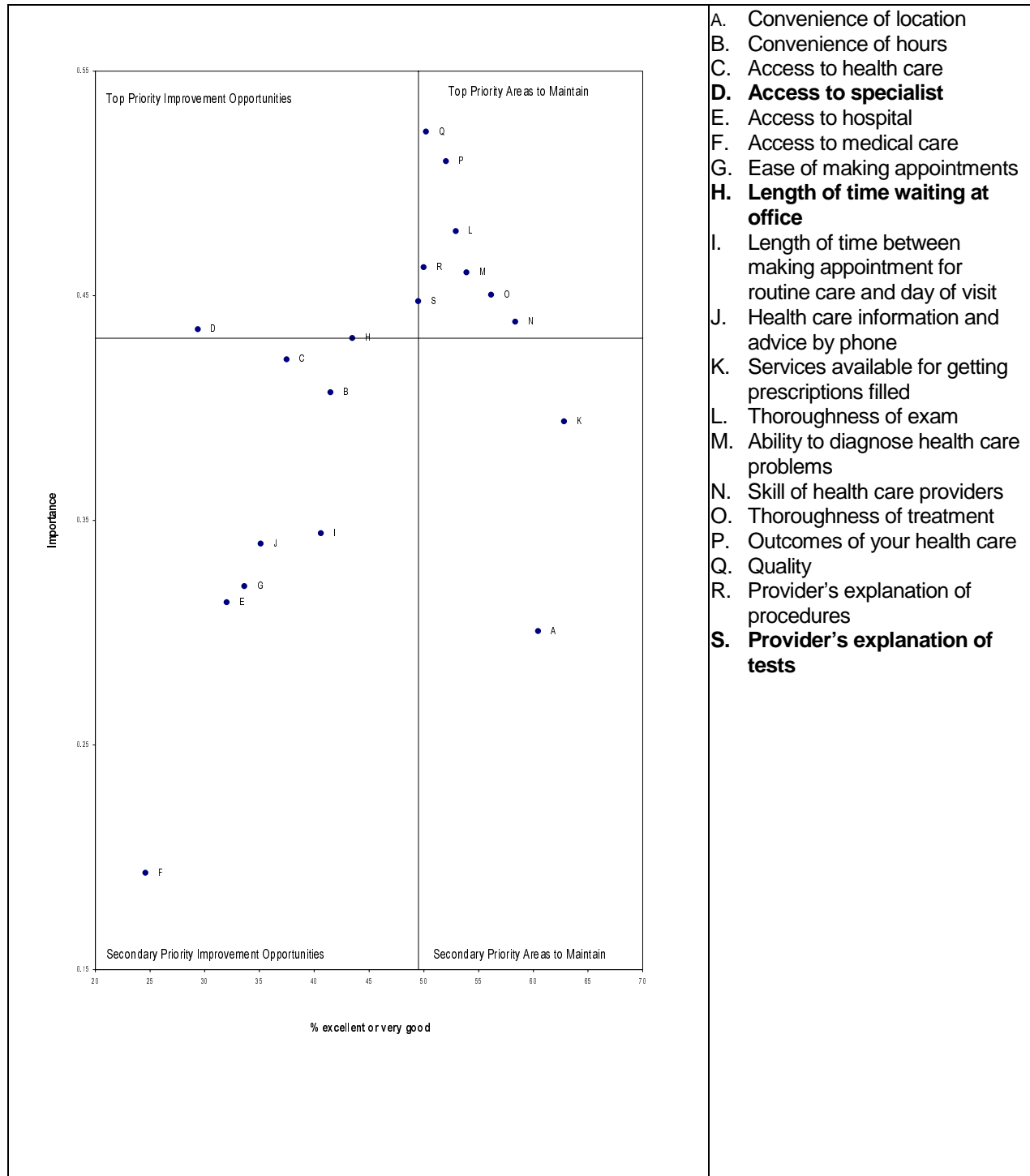
Bold items in the key to the right of this PIP identify aspects of military health care at NNMC Bethesda that need remedial attention. This means that these aspects of care are important to overall beneficiary satisfaction but received relatively low satisfaction scores. The items fall into two categories: (1) access to system resources and appointments [items A – K] and (2) quality of care [items L – S].





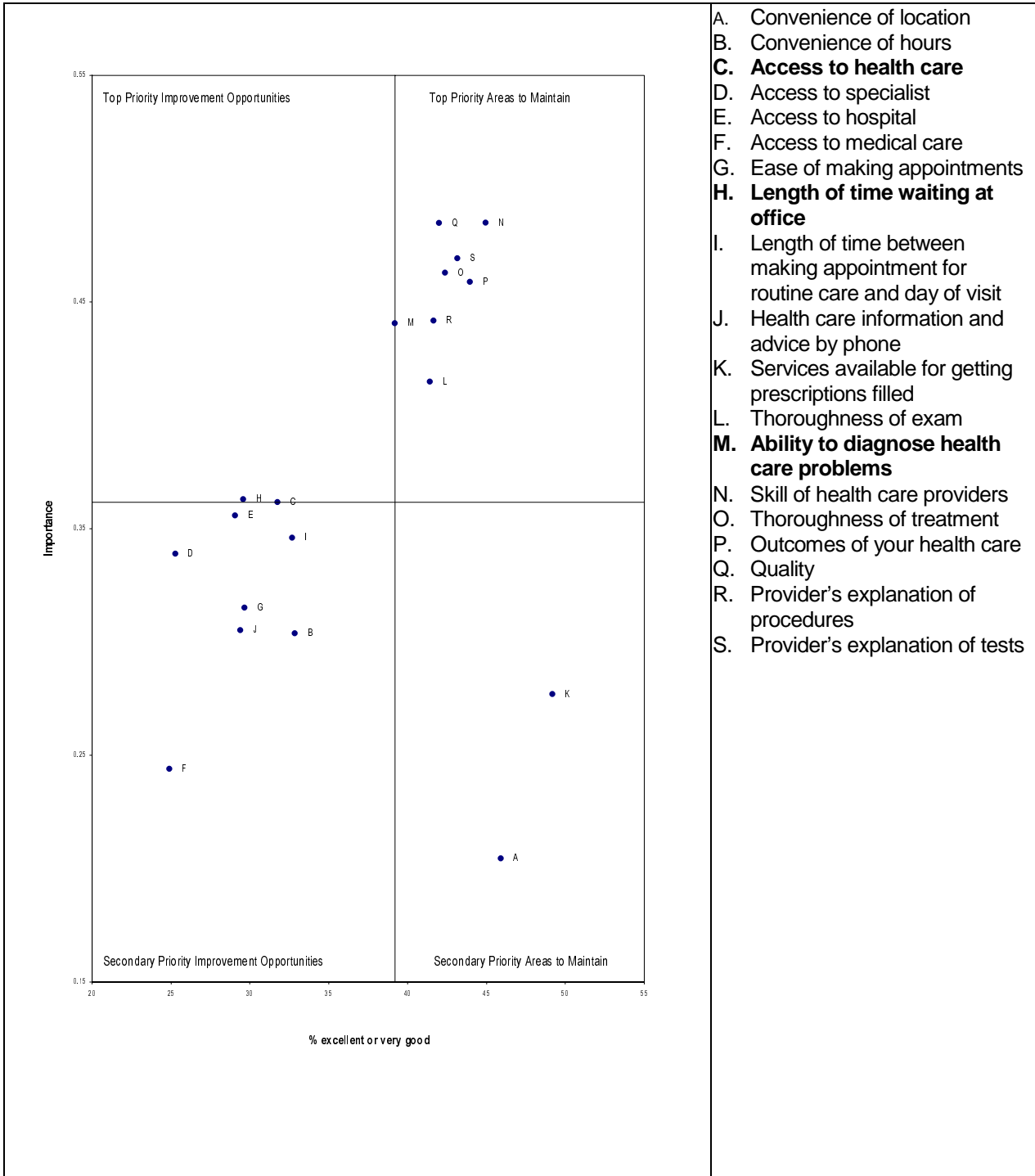
## 7.6 Performance Improvement Plan, NH Patuxent River

Bold items in the key to the right of this PIP identify aspects of military health care at NH Patuxent River that need remedial attention. This means that these aspects of care are important to overall beneficiary satisfaction but received relatively low satisfaction scores. The items fall into two categories: (1) access to system resources and appointments [items A – K] and (2) quality of care [items L – S].



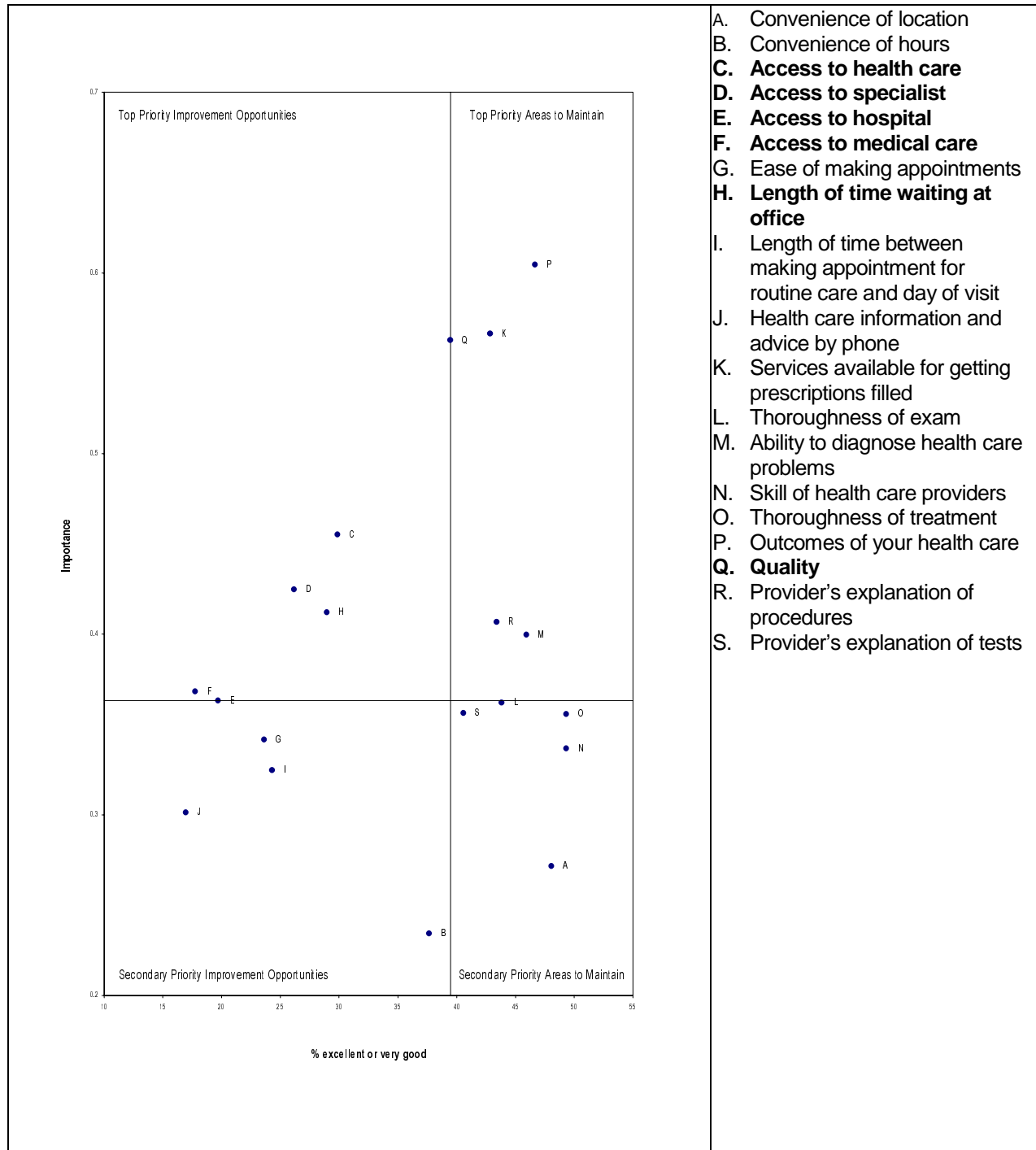
## 7.7 Performance Improvement Plan, Fort Meade

Bold items in the key to the right of this PIP identify aspects of military health care at Fort Meade that need remedial attention. This means that these aspects of care are important to overall beneficiary satisfaction but received relatively low satisfaction scores. The items fall into two categories: (1) access to system resources and appointments [items A – K] and (2) quality of care [items L – S].



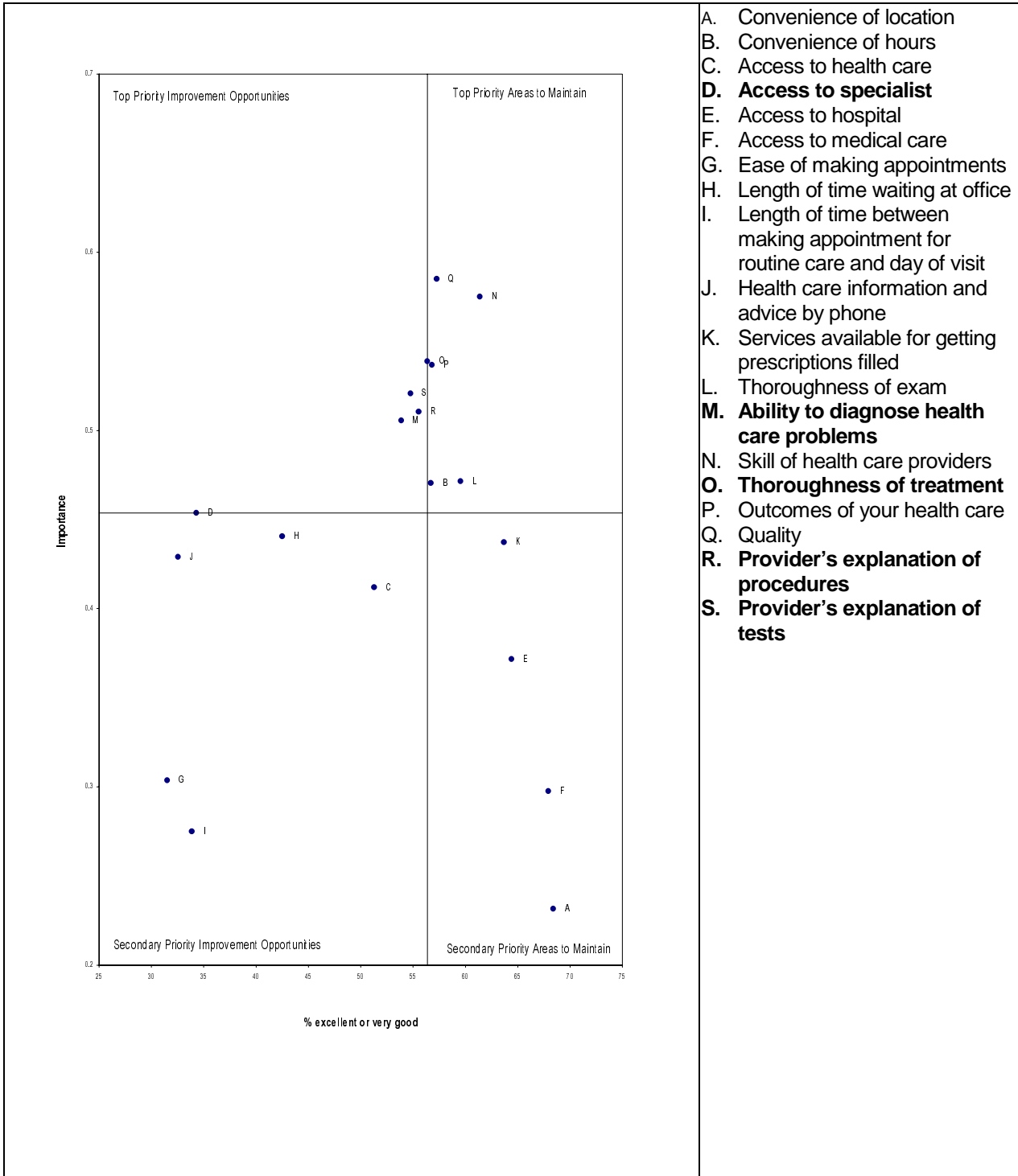
## 7.8 Performance Improvement Plan, Fort Monmouth

Bold items in the key to the right of this PIP identify aspects of military health care at Fort Monmouth that need remedial attention. This means that these aspects of care are important to overall beneficiary satisfaction but received relatively low satisfaction scores. The items fall into two categories: (1) access to system resources and appointments [items A – K] and (2) quality of care [items L – S].



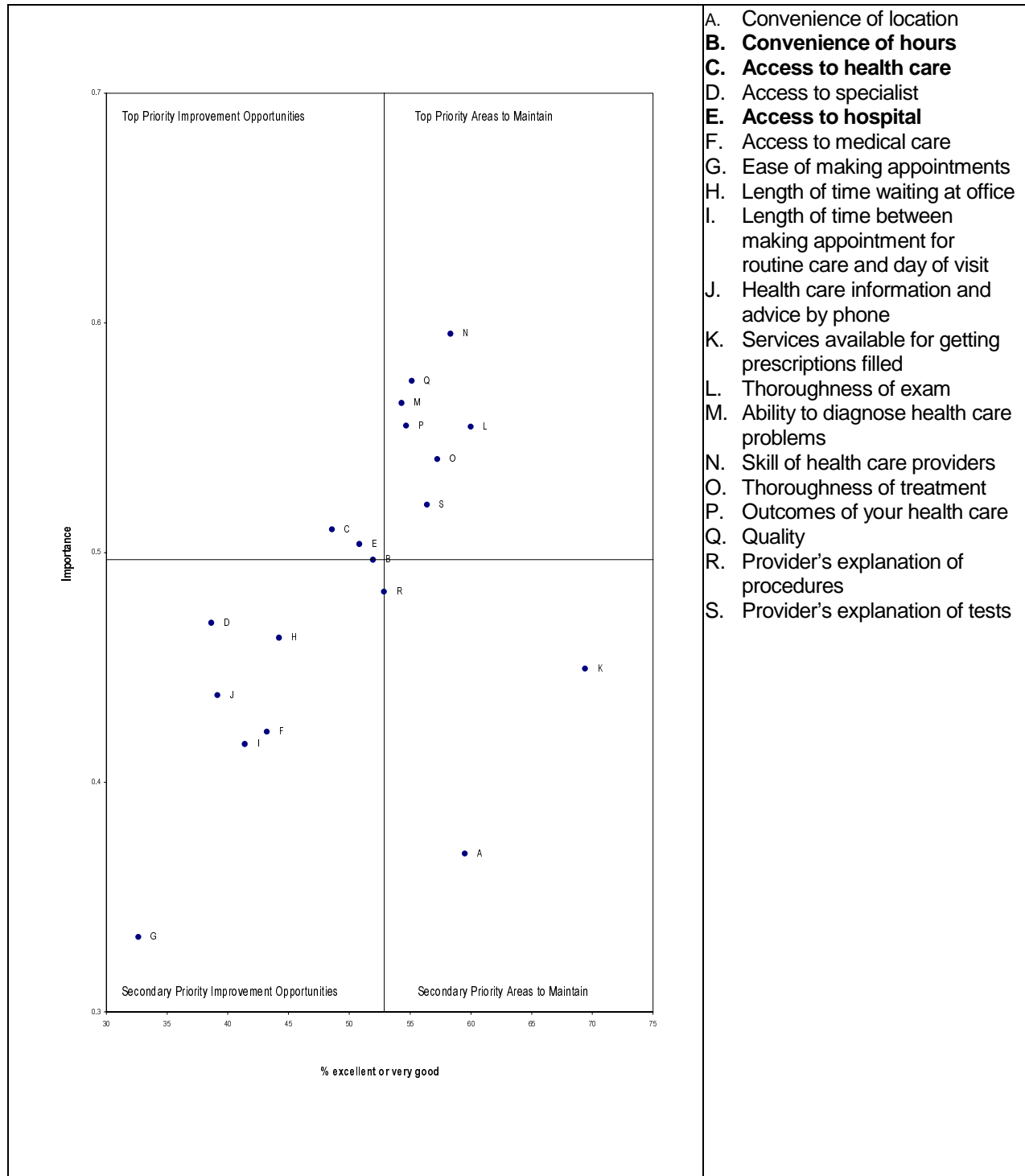
## 7.9 Performance Improvement Plan, West Point

Bold items in the key to the right of this PIP identify aspects of military health care at West Point that need remedial attention. This means that these aspects of care are important to overall beneficiary satisfaction but received relatively low satisfaction scores. The items fall into two categories: (1) access to system resources and appointments [items A – K] and (2) quality of care [items L – S].



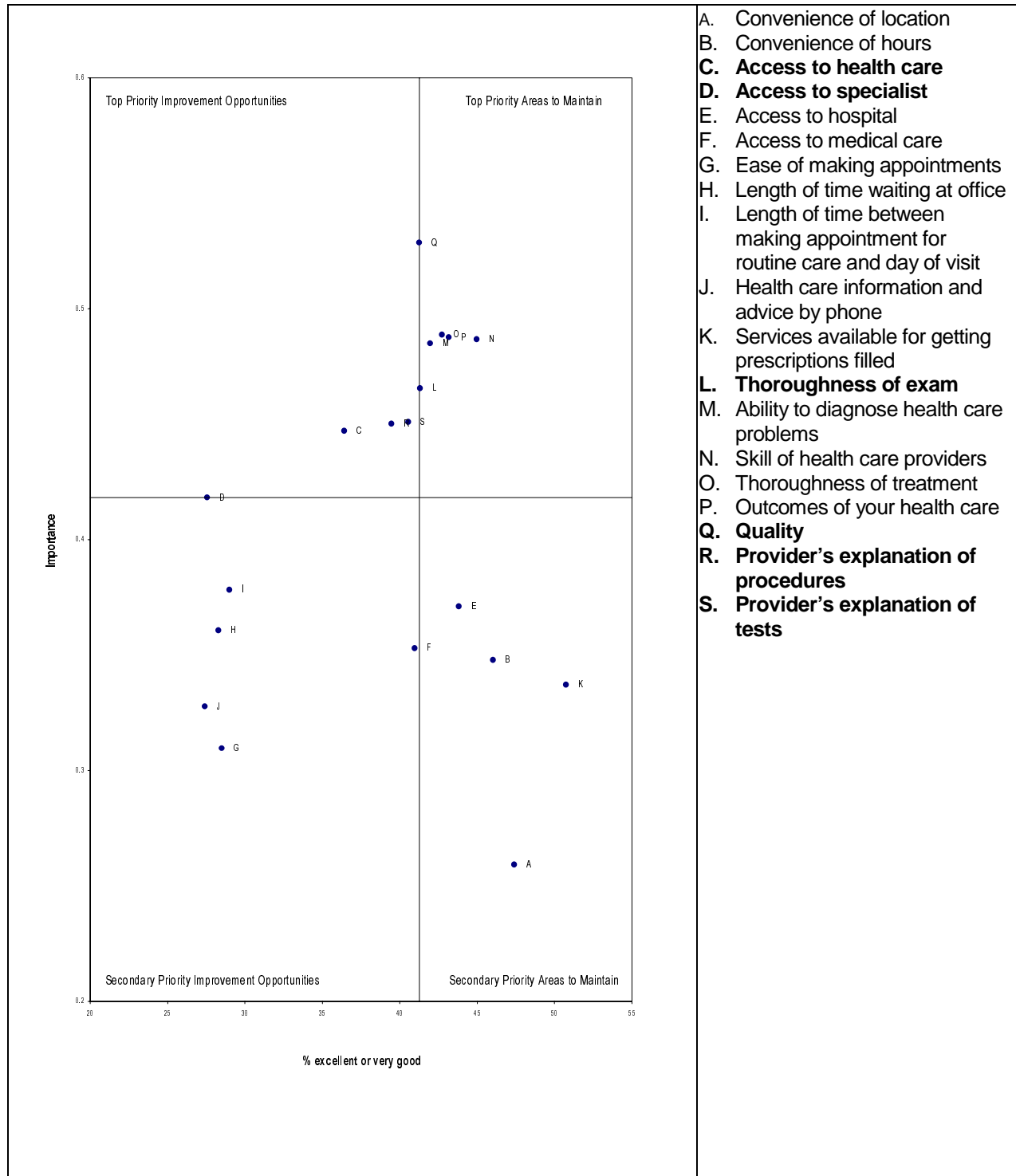
## 7.10 Performance Improvement Plan, NACC Newport

Bold items in the key to the right of this PIP identify aspects of military health care at NACC Newport that need remedial attention. This means that these aspects of care are important to overall beneficiary satisfaction but received relatively low satisfaction scores. The items fall into two categories: (1) access to system resources and appointments [items A – K] and (2) quality of care [items L – S].



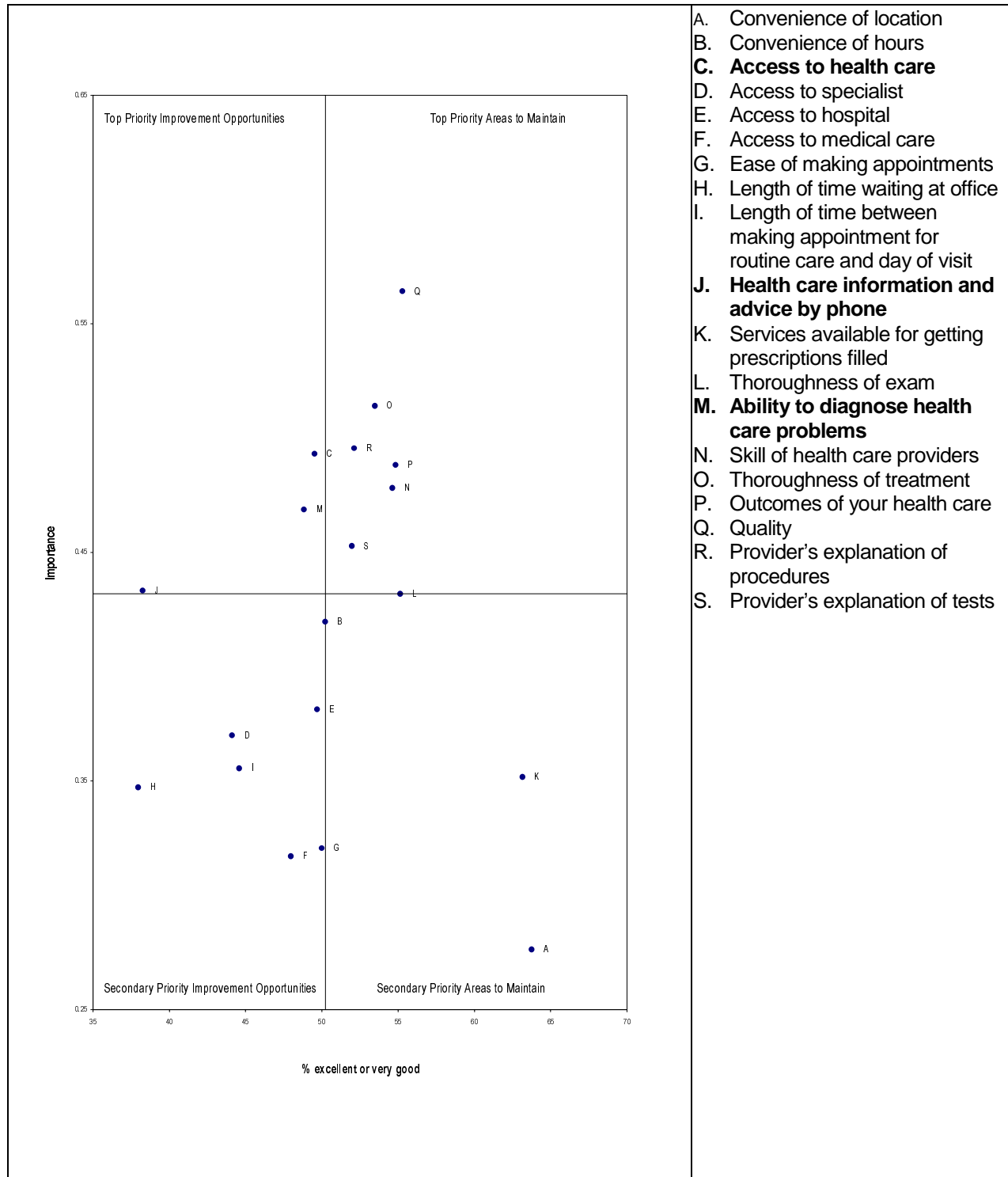
## 7.11 Performance Improvement Plan, Fort Belvoir

Bold items in the key to the right of this PIP identify aspects of military health care at Fort Belvoir that need remedial attention. This means that these aspects of care are important to overall beneficiary satisfaction but received relatively low satisfaction scores. The items fall into two categories: (1) access to system resources and appointments [items A – K] and (2) quality of care [items L – S].



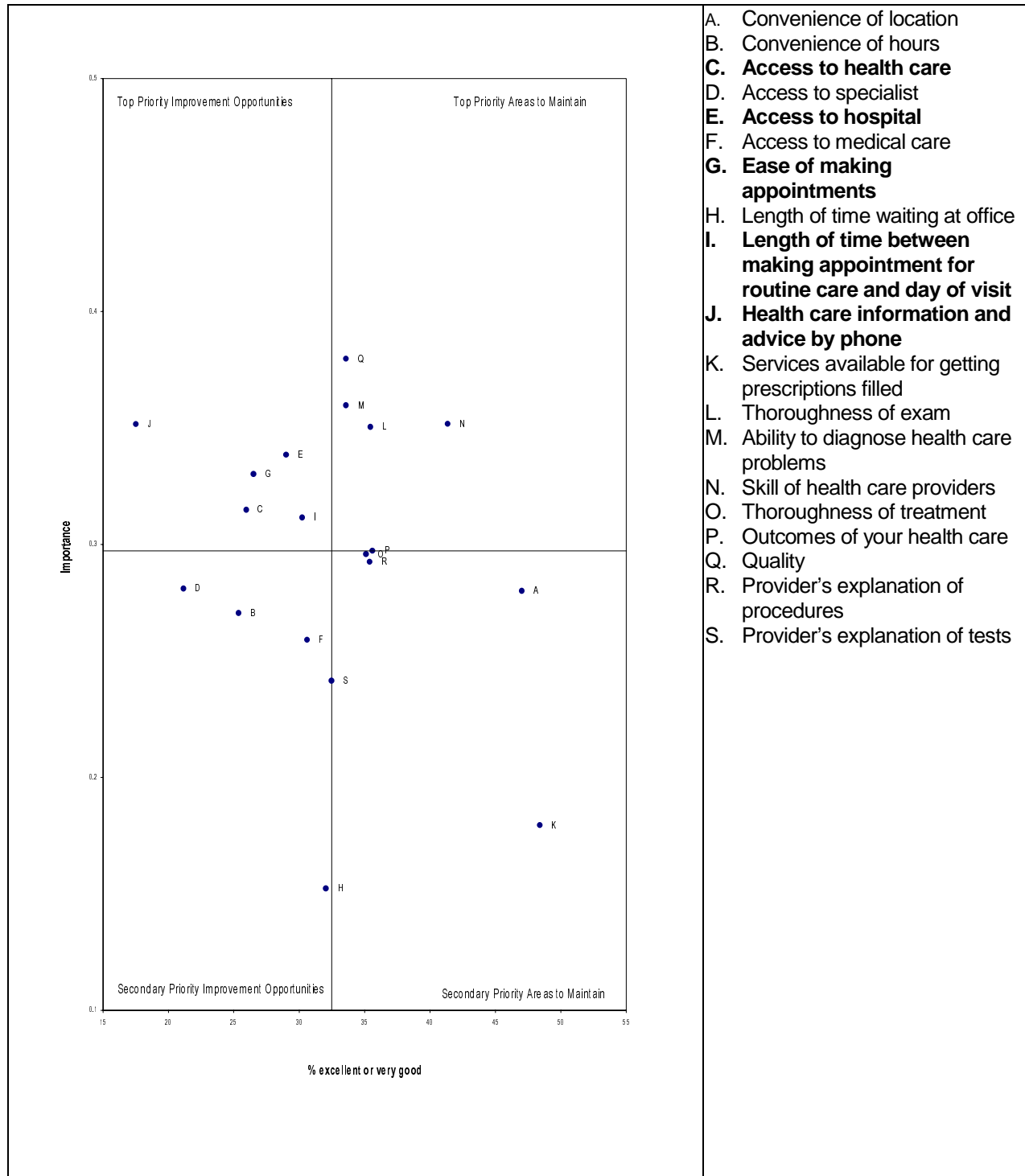
## 7.12 Performance Improvement Plan, NMCL Annapolis

Bold items in the key to the right of this PIP identify aspects of military health care at NMCL Annapolis that need remedial attention. This means that these aspects of care are important to overall beneficiary satisfaction but received relatively low satisfaction scores. The items fall into two categories: (1) access to system resources and appointments [items A – K] and (2) quality of care [items L – S].



## 7.13 Performance Improvement Plan, Hanscom AFB

Bold items in the key to the right of this PIP identify aspects of military health care at Hanscom AFB that need remedial attention. This means that these aspects of care are important to overall beneficiary satisfaction but received relatively low satisfaction scores. The items fall into two categories: (1) access to system resources and appointments [items A – K] and (2) quality of care [items L – S].

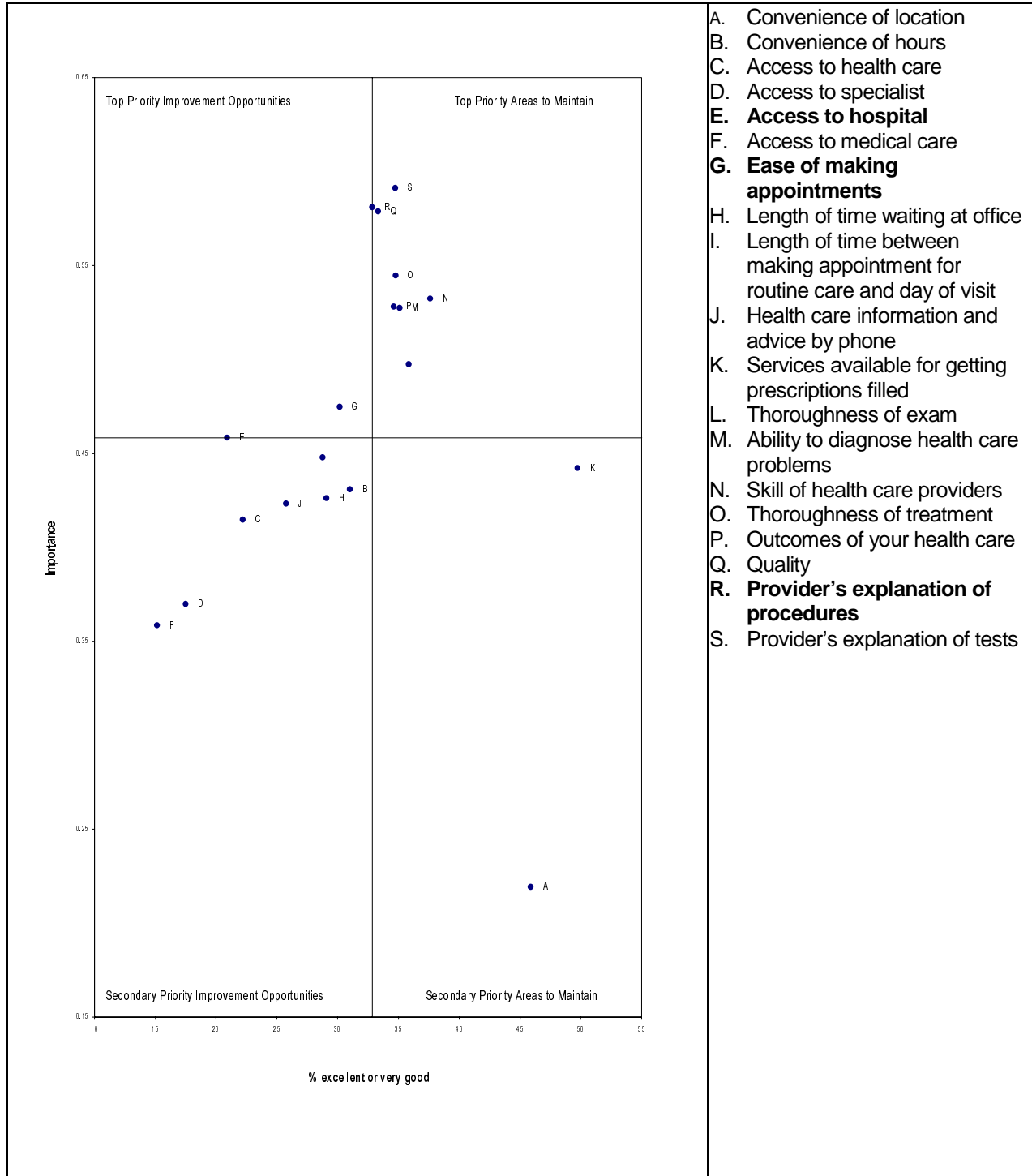






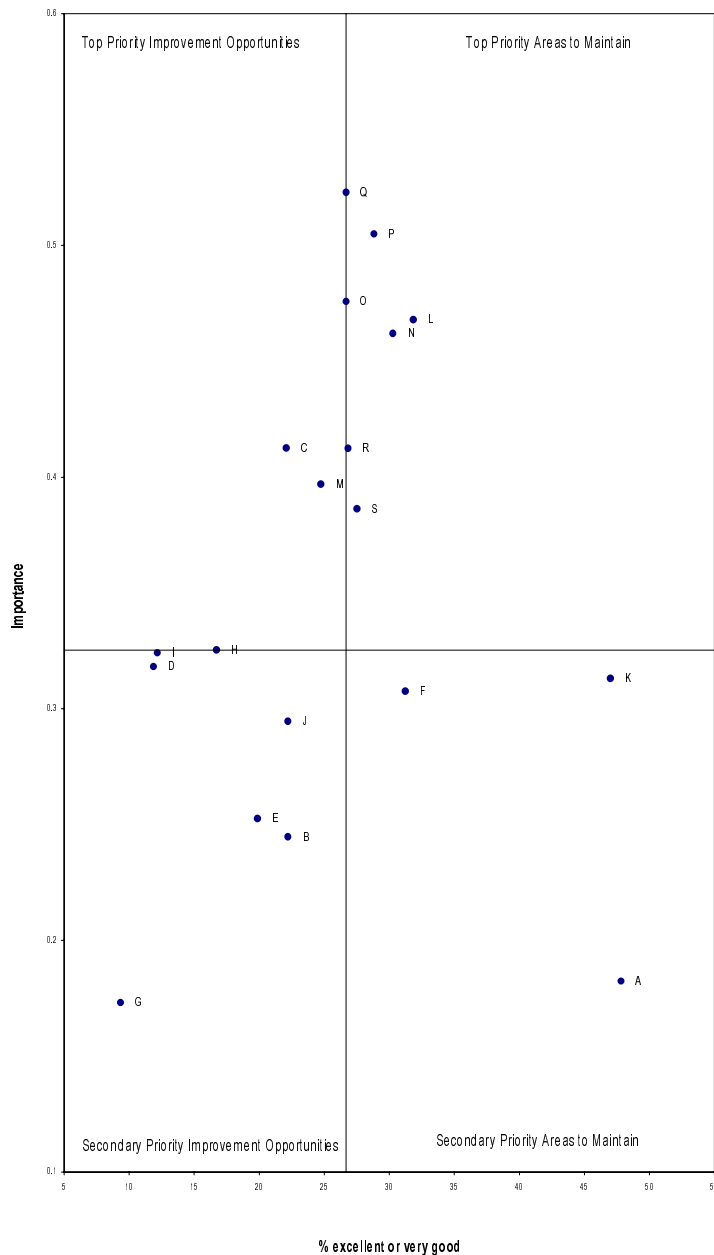
## 7.15 Performance Improvement Plan, McGuire AFB/Fort Dix

Bold items in the key to the right of this PIP identify aspects of military health care at McGuire AFB/Fort Dix that need remedial attention. This means that these aspects of care are important to overall beneficiary satisfaction but received relatively low satisfaction scores. The items fall into two categories: (1) access to system resources and appointments [items A – K] and (2) quality of care [items L – S].



## 7.16 Performance Improvement Plan, Fort Drum

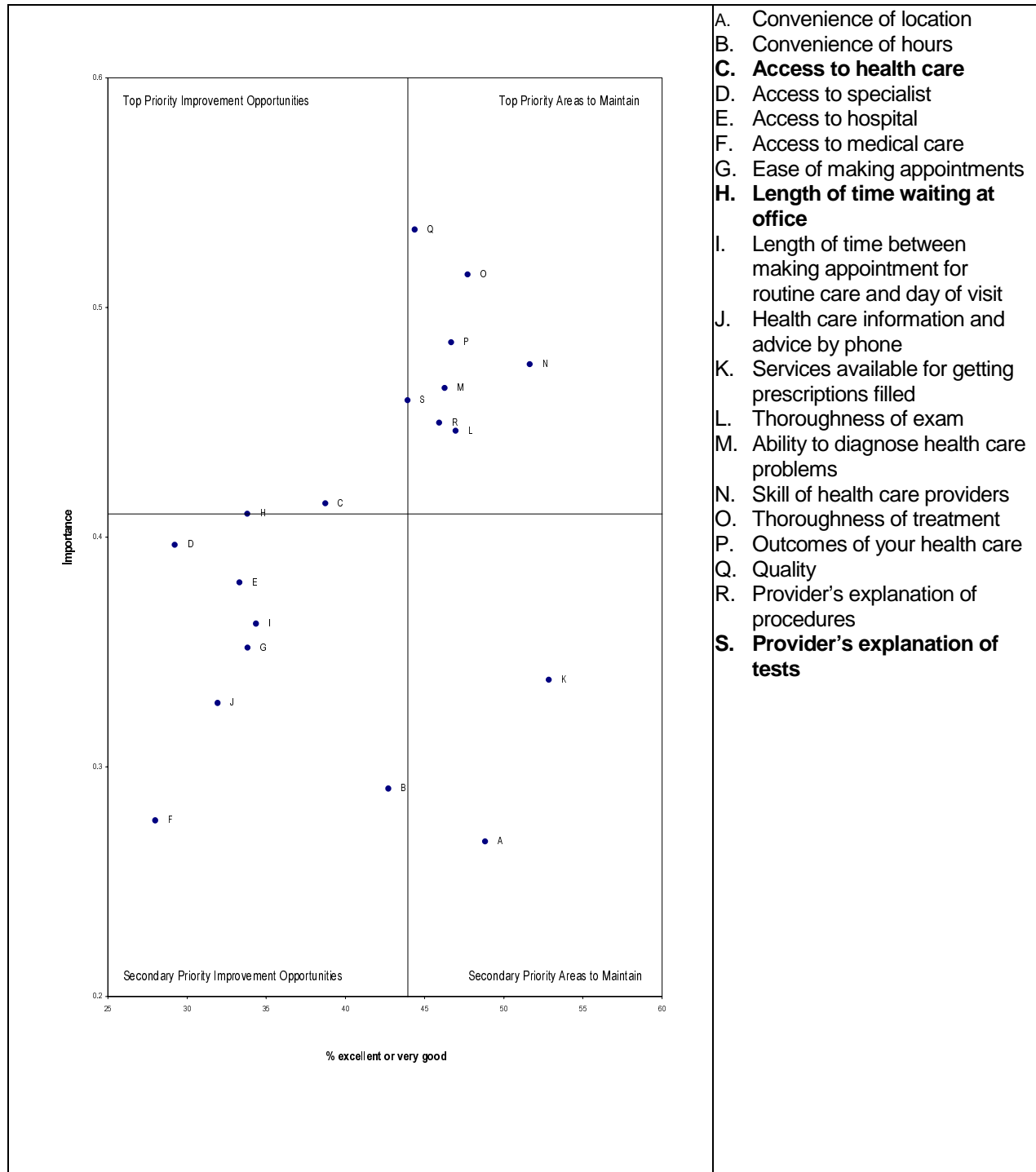
Bold items in the key to the right of this PIP identify aspects of military health care at Fort Drum that need remedial attention. This means that these aspects of care are important to overall beneficiary satisfaction but received relatively low satisfaction scores. The items fall into two categories: (1) access to system resources and appointments [items A – K] and (2) quality of care [items L – S].



- A. Convenience of location
- B. Convenience of hours
- C. Access to health care**
- D. Access to specialist
- E. Access to hospital
- F. Access to medical care
- G. Ease of making appointments
- H. Length of time waiting at office**
- I. Length of time between making appointment for routine care and day of visit
- J. Health care information and advice by phone
- K. Services available for getting prescriptions filled
- L. Thoroughness of exam
- M. Ability to diagnose health care problems**
- N. Skill of health care providers
- O. Thoroughness of treatment**
- P. Outcomes of your health care
- Q. Quality**
- R. Provider's explanation of procedures**
- S. Provider's explanation of tests

## 7.17 Performance Improvement Plan, NMCL Quantico

Bold items in the key to the right of this PIP identify aspects of military health care at NMCL Quantico that need remedial attention. This means that these aspects of care are important to overall beneficiary satisfaction but received relatively low satisfaction scores. The items fall into two categories: (1) access to system resources and appointments [items A – K] and (2) quality of care [items L – S].



## 7.18 Performance Improvement Plan, Bolling AFB

Bold items in the key to the right of this PIP identify aspects of military health care at Bolling AFB that need remedial attention. This means that these aspects of care are important to overall beneficiary satisfaction but received relatively low satisfaction scores. The items fall into two categories: (1) access to system resources and appointments [items A – K] and (2) quality of care [items L – S].

